# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF

# VITAL STATISTICS

# DEATHS

# BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs. and Micro. Perm. | | YES [ ] NO [X] |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A | B | C |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] To be sold as scrap or waste paper | [X] To be Burned or shredded | [ ] Historical, (to be transferred to Dept. of Legislative Reference.) |

REMARKS: 2 negative Rolls

C P Force 3/28/63
Records Management Officer Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23007

# FILED ON FILM

# IN

# NUMERICAL ORDER

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 14451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14451

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 24 Ward)

(If death occurred in a hospital nr institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Anna Silver

(a) Residence: No. 608 Lyon St., Ward.

(Usual place of abode) (If non-resident give city nr town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, nr Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, nr divorced HUSBAND of (or) WIFE of Thomas.

6. DATE OF BIRTH (month, day, year) 6/29/1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58. | | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 10?

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Sam Baath Sr.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Phillips

16. BIRTHPLACE (city or town) (State nr country) Balto.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date July 17th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED JUL 16 1935 Huntington W. Va. [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/1935

22. I HEREBY CERTIFY, That I attended deceased from 5/15/1935 to 7/14/1935

I last saw her alive nn 7/14/1935 Death is said to have occurred on the date stated above, at 6 nn p.m.

The principal cause of death and related causes of importance were as follnws:

Coronary occlusion (?) — Date of onset 1-2 hrs.

Other contributory causes of importance:

Diabetes mellitus — Date of onset ?

Was an operation performed? Date of

For what disease or injury?

Name nf operation Date of

What test confirmed diagnosis? Was there nn autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or hnmicide? Date of injury 19

Where did injury occur? (Specify city nr town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

M. D. F 1268

F 14452

F 14452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-0

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. Inst. St., 14 Ward)

Length of residence in city or town where death occurred, 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Jefferson Cross

(a) Residence: No. 2023 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cross

6. DATE OF BIRTH (month, day, year) June 25 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Hosp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~James D. Cross~~ Virginia

FATHER

13. NAME James D. Cross

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Serena William

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Mary Cross
(Address) 2023 McCulloh St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Cem. Date 7-17-35

19. UNDERTAKER John M. Johnson
(Address) 1700 Druid Hill Ave

20. FILED 7-16-1935 Hunting Cox Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY That I attended deceased from Jul 14, 1935 I last saw h alive on July 14, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant Tumor Rt Lung. | Nov '34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Diabetes Mellitus ?

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Bernard Harris M. D.

(Address) 1207 N Caroline St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14453

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14453

## CERTIFICATE OF DEATH

161-a

6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Corbett

(a) Residence: No. 247 N. Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Glen W. Corbett

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Geneva Larkins

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Glen W. Corbett
(Address) 247 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lawn Mem. Date 7-15-35

19. UNDERTAKER
(Address)

20. FILED JUL 16 1935 Huntingtown, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1935, to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 1.00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Atelectasis | 7-11-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. W. Barney, M. D.

(Address) Maryland General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 14451

F 14454

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Montford ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Otto Knoche

(a) Residence: No. 515 N. Montford ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Knoche

6. DATE OF BIRTH (month, day, year) May 21, 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paints.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Knoche Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Minnie Knoche
(Address) 515 N. Montford ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 16 1935

19. UNDERTAKER John Wenck
(Address) 2608 Orleans

20. FILED JUL 16 1935 Huntington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1st 7/8/1935 2nd 7/9/1935

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Knoche M. D.

(Address) 936 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

H. D. B 1268-9

F 14455

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14455

## CERTIFICATE OF DEATH

X 210-F

Registered No.....

1. PLACE OF DEATH University of Md. 4

CITY OF BALTIMORE: (No.....St., .....Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Eckert

(a) Residence: No. Ecclesston Baltimore St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph C. Eckert

6. DATE OF BIRTH (month, day, year) Aug. 17 1907.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27. | 10. | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles E Cross

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maud Price

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph C. Eckert

(Address) Ecclesston Balto Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Balto Co Md. Date July 17 1935

19. UNDERTAKER Walter Davis

(Address) 1348 Chestnut Ave. Huntington Williams

20. FILED JUL 16 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h. Deceased on 7/15 1935. Death is said to have occurred on the date stated above, at 430 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 15 1935.

Where did injury occur? Park Ave at Mt Holly Ecclestown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fell out of Auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bailey Jr Auto M. D.
Coroner

(Address) 514 Park Ave Balto

V S 6 OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1938-9 F 14456

F 14456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. [redacted] St., 7 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harrison Logan

(a) Residence: No. 1335 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| mdle | colored | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irma Logan

6. DATE OF BIRTH (month, day, year) 1-10-1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 28 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harrison Logan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Slaton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Logan (Address) 1929 Argyle St

18. BURIAL, CREMATION, OR REMOVAL Int Calvary Date July 16 1935

19. UNDERTAKER Mrs R. A. Elliott (Address) 1129 N Carlton

20. FILED ... 19... Registrar

JUL 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to July 12, 1935

I last saw him alive on July 12, 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis. | 6-15-35 |
| 2. Peritonitis | |
| 3. Ileus | 7 |

Other contributory causes of importance:

Name of operation Appendectomy Date of 6-16-35

What test confirmed diagnosis? operation Autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. M. Wagenseller, M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B 1268-9

F 14457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14457

## CERTIFICATE OF DEATH

1 × 110

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE Md General Hospital (St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ethel May Hensby

(a) Residence: No. 4 Height Ave (St.,) Catonsville (Ward.) Md
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 16th 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 5 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) × | 11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Catonsville (State or country) Md

FATHER
13. NAME Sergt Frank Hensby
14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER
15. MAIDEN NAME Gertrude Fisher
16. BIRTHPLACE (city or town) Catonsville (State or country) Md.

17. INFORMANT Sergt Frank Hensby
(Address) 4 Height Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge City Md Date July 19th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED JUL 16 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th, 19 35

22. I HEREBY CERTIFY, That I attended deceased from June 19 35, to July 19 35

I last saw h alive on July 19 35 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bilateral Pleurisis with Effusion | June 22 |
| Acute Pericarditis | |
| | |
| | |

Other contributory causes of importance:
Acute Staphylococcus infection.

Name of operation — Autopsy Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —

(Signed) Thos H Phillips M. D.
Coroner
(Address) 1959 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Pengel ✓ F 14458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14458

## CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 19 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Johanna Pengel

(a) Residence: No. 1849 N. Pratt St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard Pengel

6. DATE OF BIRTH (month, day, year) May 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Bernard Pengel

(Address) 1849 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 18 '35

19. UNDERTAKER Geo J Bayley.

(Address) 1800 W Fayette St

Huntington West Virginia

20. FILED JUL 16 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8-, 1935, to 7-15, 1935

I last saw h.. alive on 7-15, 1935 Death is said to have occurred on the date stated above, at 12 M Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis | ? |
| Acute Bronchitis | |
| Pancreatitis | |

Other contributory causes of importance: Adynamic Ileus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Shanahan M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14459

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14459

159

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 E. Baltimore St., No Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carl Merritt Bivans

(a) Residence: No. 3713 E. Baltimore St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1931

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or 30 min. |
|---|---|---|---|
| — | — | — | 13 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Alexander Bivans

14. BIRTHPLACE (city or town) (State or country) Balto Co, Md

MOTHER

15. MAIDEN NAME Elizabeth Maxine Hollinger

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT George A. Bivans

(Address) 3713 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Ebenezer M.E. Ch. Date July 16 1935

Balto Co., Md

19. UNDERTAKER George A. Bivans

(Address) Parole

FILED JUL 16 1935 Huntington Williams, Asst. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935 to July 13 1935

I last saw him alive on July 12 1935. Death is said to have occurred on the date stated above, 2 A. m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis

Premature birth

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Hollinger M. D.

(Address) 303 E. Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

M. D. B. 1268-H F 14460

✓ F 14460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3834 Hickory St., 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Indiana M Gambrill

(a) Residence: No. 3834 Hickory ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2 - 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 4 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John M Gambrill

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. D. Gambrill
(Address) South Ave Mt Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Woodbridge Date July 17 19 35

19. UNDERTAKER Franklin W Benz
(Address) 709 W 33 St

20. FILED JUL 16 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to July 15, 1935

I last saw her alive on July 14, 1935. Death is said to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Hypostatic | June 15 |
| Cardiac Dilatation | |

Other contributory causes of importance:

Exhaustion Psychosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. Klumpp, M. D.

(Address) 4037 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14461

82-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 S. Carey St., 18 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Wallenhorst

(a) Residence: No. 33 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Wallenhorst

6. DATE OF BIRTH (month, day, year) June 14, 1870.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

FATHER

13. NAME Conrad A. Ells

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Wolfe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr August Wallenhorst
(Address) #33 S. Carey Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/ 17/ 1935.

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins St.

JUL 16 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/ 13/ 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to July 15, 1935

I last saw her alive on July 13, 1935. Death is said to have occurred on the date stated above, at 11.30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 7/10/35 |
| Paralysis | 7/11/35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John L Lynch M. D.

(Address) 2 W. Read St.

If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. P. D. B. 1268

F 14462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2511 Francis St., 13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Rachel Annie Simmons

(a) Residence: No. 2511 Francis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Simmons

6. DATE OF BIRTH (month, day, year): Sept. 15 1845

7. AGE: Years 89 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James A. Hayes

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Margaret Wright

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs Lousa B. Gaines

(Address): 2511 Francis St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: July 16, 1935

19. UNDERTAKER: Joseph Syfert

(Address): 1100 N. North Ave

JUL 16 1935

... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to July 13, 1935

I last saw her alive on July 12, 1935 Death is said to have occurred on the date stated above, at 12:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | July 13 |
| Hypertension | ... |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Nephritis | ... |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell in stairwell

Nature of injury Inj. Fracture of Neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ... M. D.

(Address) 1605 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 14463

14463

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Pelham St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara T. Klein

If U. S. Veteran specify WAR none

(a) Residence: No. 2223 Pelham Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 25 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Martin Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Veith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John B. Klein

(Address) 2223 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date July 18, 1935

19. UNDERTAKER Henry Koch & Sons, Inc.

(Address) 1301 E. Fayette

Huntington Williams N.Y.

16 1935 (Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935 to July 15, 1935

last saw her alive on July 14, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mental, Nervous heart as complicated and Low Blood pressure | July 9 |
| Other contributory causes of importance: paralysis of heart | 1932 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond Glanz M. D.

(Address) 2268 Hallett Ferry Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14464

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14464

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 10-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Naomi Swailes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 Ashland Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 10 - 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Daisie Pretman (Address) 1311 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date July 16 1935

19. UNDERTAKER Casper Sanders (Address) 1443 E. Preston St

20. FILED JUL 15 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, autopsy or inquiry)

obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 10 1935 |

Other contributory causes of importance: .....

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.

(Address) 507 Annapolis St Coroner

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1935

F 14465 ✓ F 14465

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Elizabeth Boston Morgan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1005 Clay St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Morgan

6. DATE OF BIRTH (month, day, year): 7-2-1876

7. AGE — Years: 59 | Months: 0 | Days: 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Maryland

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ? ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ? ?

17. INFORMANT (Address): Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 15, 1935

19. UNDERTAKER (Address): Mrs Katie R Williams 322 E. Lanvale St.

20. FILED: Huntington Williams Registrar.

JUL 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1935 to 7-12, 1935

I last saw h[illegible] alive on 7-11, 1935. Death is said to have occurred on the date stated above, at 1140 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Bilateral Varicose Ulcers of Legs | ? |
| Other contributory causes of importance: Bilateral Bronchopneumonia | 2 days |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If [illegible] specify

(Signed) Robt F Mantin M. D.

(Address) Balto City Hospt

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14466

## CERTIFICATE OF DEATH

165

1. PLACE OF DEATH Md. State Penitentiary

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman C Beall

(a) Residence: No. Edmonston Md. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arline Avey Beall

6. DATE OF BIRTH (month, day, year) Oct 26, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Business

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Marlboro, Md

FATHER

13. NAME Clayton Beall

14. BIRTHPLACE (city or town) (State or country) Marlboro Md

MOTHER

15. MAIDEN NAME Agnes Hutchison

16. BIRTHPLACE (city or town) (State or country) Marlboro, Md

17. INFORMANT Mrs. Jay Adams

(Address) 228 3rd St. N.E. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Gladensburg Md Date 7/16 1935

19. UNDERTAKER F. Gaschi Sons

(Address) Hyattsville, Md.

20. Filed JUL 16 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation | 7/15/35 |

Other contributory causes of importance:

Temporary Insanity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/15, 1935

Where did injury occur? Md. State Penitentiary

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Hung himself to cell bars by

Nature of injury means of belt & neckties

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Dr. W. B. Wallace M. D.

(Address) 1081 St. Paul St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

14467

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14467

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2141 Vine St., 20 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James McAfee

(a) Residence: No. 2141 Vine St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widower |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie McAfee

6. DATE OF BIRTH (month, day, year) May 29-1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 1. | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sold

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancaster Penna

FATHER

13. NAME William McAfee

14. BIRTHPLACE (city or town) (State or country) North Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) North Ireland

17. INFORMANT Jessie S. McAfee
(Address) 2141 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 17, 1935

19. UNDERTAKER George L. Schnabel
(Address) 3101 Frederick Ave

20. FILED Huntington Williams Registrar

JUL 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-9-, 1935 to July 15, 1935

I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 7 |
| | |
| | |
| | |
| Other contributory causes of importance: Diabetic Gangrene Foot right | 4/9/35 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify ..... no

(Signed) Keller Hemming, M. D.

(Address) 7006 Fairlawn

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14468

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14468

46-B

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Schmeehagen — If U. S. Veteran specify WAR None

(a) Residence: No. Timonium, Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Zora Schmeehagen

6. DATE OF BIRTH (month, day, year) April 14, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 65 | yrs. | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Maryland R.R. Dairy

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Schmeehagen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Russell Wheeler
(Address) Timonium Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Memorial Pk. Date July 18 1935

19. UNDERTAKER Wm. C. Brophy & Son
(Address) Sparks Md.

20. FILED JUL 16 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-6-35 1935 to 7-16-35 19.....
I last saw him alive on 7-16 1935 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| + inanition & esophageal obstruction | |

Other contributory causes of importance:

Was an operation performed? Yes Date of June 7, 1935
For what disease or injury? Carcinoma of Stomach
Name of operation Gastrostomy Date of 6-7-35
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....
(Signed) John W. Ramsey M.D.
(Address) Maryland General Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19 H. P. Co. 1000 Bks.

F 14469

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14469

## CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: No 1813 W. Saratoga ST. 70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ellen Wade.

(a) RESIDENCE. No.... 1813 W Saratoga ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? Twenty Years mos. ds.

U. S. Veteran

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis L Wade.

6 DATE OF BIRTH (month, day, and year): Dec 18-1868

7 AGE: Years 66 Months 6 Days 28 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Victor Wade.

(Address) 2217 Boston Ave.

15 Filed ... 19 Huntington Williamsport, Pa.

UL 17 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1935

17

I HEREBY CERTIFY, That I attended deceased from about 10 yrs. 19 to July 16- 1935.

that I last saw her alive on Jan 16.-1935 . 19 .

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure, Diabetis with arteriosclerosis, Syphilis, Myocardial insufficiency

(duration) 10 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Acute cardiac failure.

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Sidney Cole, M. D.

, 19 (Address) 2207 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 7/18 1935

20 UNDERTAKER: J. H. Cook

ADDRESS: 1219 N Pine St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 14470

F 14470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Atta Boll.

(a) Residence: No. 2023 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emory F. Boll

6. DATE OF BIRTH (month, day, year) 11/12/1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cromer.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Stallings.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 19th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 17 1935 19 Washington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1935 to 7/16 1935

I last saw her alive on 7/16 1935 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 4 wks. |
| | |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | ? |
| Hypertension | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14471

F 14471

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Jefferson St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Josefa Panuska

(a) Residence: No. 2033 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Panuska

6. DATE OF BIRTH (month, day, year) Nov. 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Joseph Hajek

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Simova

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT William Panuska

(Address) 2033 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer July 18, 1935

19. UNDERTAKER George F. Zirkler

(Address) 1737 E. Eager St.

20. Filed JUL 17 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 15, 1935, 19

That saw h alive on July 15, 1935, 19 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 8 35 |
| | |
| | |
| | |

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William L. Peyser M. D.

(Address) 801 Linwood Av

vs 3

IMPORTANT—Physician certifying cause of death should write plainly and supply ALL items required. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14472

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14472

92-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 Hudson St. St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SUSAN A. FOWLER

(a) Residence: No. 2840 Hudson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorsey Fowler

6. DATE OF BIRTH (month, day, year) Feb. 8. 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Owens

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ethel Stack

(Address) 2840 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cemetery Place Date July 17, 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway

20. Filed 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to July 15 1935

I last saw h[illegible] alive on July 14 1935. Death is said to have occurred on the date stated above, at 6.35 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Dis Heart | 2 yrs |
| Cardiac Failure | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis if there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas. D. Kerr M. D.

(Address) 408 S Pat Park av

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14473

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH United States Marine Hospital, 3

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Prescott

If U. S. Veteran specify WAR unknown

(a) Residence: No. 35 S. Bond St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | negro | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) August 6, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 34 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 6-17-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St. Thomas, Virgin Islands

FATHER

13. NAME John Prescott

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Amelia Thompson

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvery Date 7-17-35

19. UNDERTAKER Wendell E. Humphreys
(Address) 1501 N. Broadway

20. FILED JUL 17 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19 1935 to July 14 1935

I last saw him alive on July 14 1935. Death is said to have occurred on the date stated above, at 10:25 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, chronic, far advanced | unknown |
| Pneumothorax, spontaneous | 7-13-35 |
| Empyema, tuberculous | 7-14-35 |

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. H. Gordon, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14474

F 14474

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Mirchmeyer

If U. S. Veteran specify WAR

(a) Residence: No. 148 Wilson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~~Oct. 7, 1873~~

6. DATE OF BIRTH (month, day, year) Oct. 7-1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 62 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Effie Buckstein

16. BIRTHPLACE (city or town) (State or country) Phila, Pa.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date July 17, 1935

19. UNDERTAKER Chas. E. Brandt
(Address) 502 Madison Ave
Huntington Williams, N.D.

UL 17 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1935 to 7-16, 1935

I last saw h. alive on 7-16, 1935 Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |

Other contributory causes of importance:
Tuberculous pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard L. Zapp, M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14475

F 14475 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** ✓ 46-E

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 407 N ~~Castle~~ Castle St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick F Buehner — If U. S. Veteran specify WAR .....

(a) Residence: No. 407 N Castle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine M Buehner

6. DATE OF BIRTH (month, day, year) Sept 10 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 69 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nickel plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fredk Buehner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Katherine F Buehner 407 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date July 17 19 35

19. UNDERTAKER (Address) John Conde & Sons Huntingdon Williams, N.Y.

Filed ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to July 16 1935

I last saw h[illegible] alive on July 16 1935. Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Liver | ? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chr. Endocarditis | ? |
| Arteriosclerosis | ? |
| Bronchial Pneumonia | 3 Days |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) E Mc Parker M. D.

(Address) 1114 Hartford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 17 1935

M. D. F. 1268-9

F 14476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14476

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Baltimore City

CITY OF BALTIMORE: (No. 5613 Carter ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella H. Smith if U.S. War or War,

(a) Residence: No. 5613 Carter ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 22nd 1856

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ... min. |
|---|---|---|---|
| 79 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Moriah Bannan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT J. Herbert Owens

(Address) 5613 Carter ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fair View Date July 18 1935

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED Huntington Williams, M.D. Registrar

JUL 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to July 16 1935

I last saw h[illegible] alive on July 15 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rt. Hemiplegia (cerebral Hemorrhage) | July 6/35 |
| Other contributory causes of importance: arterio-Sclerosis | a number of years. |

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Hamilton Baltimore Md.

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Herbert

F 14477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14477

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6501 Belair Rd St., 36 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Herbert Sr. Is not a war veteran

(a) Residence: No. 6501 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie G. Herbert

6. DATE OF BIRTH (month, day, year) Nov. 18 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Herbert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annie Herbert (Address) 6501 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 19 1935

19. UNDERTAKER Fred Tesselle & Son (Address) 740 Belair Rd

20. Filed JUL 17 1935, 19 Huntington Williams, Registrar.

L. S. 3

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1935 to July 16, 1935

I last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Unknown |
| Hypertrophy of the Prostate | Unknown |
| | over |
| Broncho Pneumonia | 7-13-35 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Unknown |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Macken M. D.

(Address) 6304 Belair Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14478

# F 14478 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS J. O'CONOR

(a) Residence: No. 1123 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of O'Conor

6. DATE OF BIRTH (month, day, year) June 13th. 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

60 ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James O'Conor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary O'Conor
(Address) 1123 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cemetery Texas Md. Date July 19 1935

19. UNDERTAKER Chas. R. Grau & Son
(Address) 118 W. Mt. Royal Ave.

JUL 17 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 16 1935

I last saw him alive on July 15 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John J. Veth M. D.

(Address) 936 E. Monument

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14479

# F 14479 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther G. Stern

(a) Residence: No. 739 S. Grundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of August L Stern

6. DATE OF BIRTH (month, day, year) June 12 - 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| (49) | 49 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pants Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Roth

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Holt

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT August L Stern
(Address) 739 S Grundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cedars Date July 9, 1935

19. UNDERTAKER Lilly & Zeidler Inc
(Address) 1038 W Fayette St.

20. FILED JUL 17 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subarachnoid haemorrhage | |

Other contributory causes of importance:

no history

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
X ..... If so, specify .....

(Signed) J. A. Wright, M. D. Coroner

(Address) 1040 S. Calvert St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 14480 F 14480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Walker

If U. S. Veteran specify WAR

(a) Residence: No. 815 Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married. |

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of William

6. DATE OF BIRTH (month, day, year) 1897.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 37

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Sam Powell

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date July 17th 35

Place Mt Auburn

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Pennsylvania Ave

20. FILED , 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/30 . 1935 to 7/13 . 1935

I last saw her alive on 7/13 . 19 35 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day. |
| | |
| | |
| Other contributory causes of importance: | |
| Convulsive disorder | 2 yrs? |
| Etiology undetermined | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

26 2 108 Huntington Williams, Jr.

M. D. B. 1268-9

F 14481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14481

34a-159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Deane

(a) Residence: No. 1015 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John England

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Emma Hunt Deane

16. BIRTHPLACE (city or town) (State or country) Fredricksburg Virginia

17. INFORMANT Emma Hunt Deane
(Address) 1015 N. Carey

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 17, 1935

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 11, 1935

I last saw h[illegible] alive on July 11, 1935. Death is said to have occurred on the date stated above, at 6 7½ p m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset July 10

Injuries — Date of onset " 10

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Mary Louise Newman M. D.

(Address) Baltimore City Hosp.

S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Haywood Bay. If U. S. Veteran specify WAR X

(a) Residence: No. 1637 Abbotts St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude.

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 17 1935

19. UNDERTAKER
(Address)

20. FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1935 to 7/14 1935

I last saw him alive on 7/14 1935 Death is said to have occurred on the date stated above, at 12 15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus menin- | |
| gitis | 15 Days |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14482

UL 3 1935 1570

M. D. B 1268-9

14483 ✓ F 14483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Stansbury

(a) Residence: No. Unknown (found in entry house 9 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Unknown |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 70 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 10, 19 35

19. UNDERTAKER

(Address) Huntington Williams Sr

20. FILED ..... 19 35 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on ....., 19 ... Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embarrachment's | July 7 |
| pneumonia | |

Other contributory causes of importance:

Unknown

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Knight, M. D.

Coroner

(Address) 10 12 S. Edmondson Ave

F 14483

16

Please write plainly in ink. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B 1268-9

F 14484

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Agee

(a) Residence: No. 124 W Mitchell St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 48 | — | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date July 7, 1935

19. UNDERTAKER

(Address)

20. FILED JUL 7 1935 Huntington Williams Asst. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | July 3 |

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14485

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14485

186-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Taylor

(a) Residence: No. 864 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) Dec 22 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 58 | 66 | 5 6 | 1 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no gainful occupation

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Joseph Missouri

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Transient Bureau. Balto Welfare
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date July 17 1935

19. UNDERTAKER Universal Funeral Home
(Address)

20. FILED ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That ..... attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| hypostatic pneumonia | July 1 |
| | |
| | |
| | |
| Other contributory causes of importance: fracture of femur | Feb 20 1935 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 20 1935

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place - Fayette & Pine St.

Manner of injury attack from tiger - fall & forcement

Nature of injury Fracture of femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1610 S. Hanover Ave

vs 6 — state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

14486

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14486

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S Collins Ave. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie A. Meyer

(a) Residence: No. 309 S. Collins Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 12-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hildwein

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Anna Meyer

(Address) 309 S. Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date July 19. 1935

19. UNDERTAKER F. B. Herbert & Son

(Address) 1300 Eutaw Place

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to July 15 1935

I last saw her alive on July 15 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | March 1935 |
| Other contributory causes of importance: | |
| Uremia | July 15 1935 |

Name of operation Physical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 17 1935

F 14487

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14487

152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Peacock

(a) Residence: No. 4107 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug 22, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ? 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

FATHER

13. NAME Wm. Peacock

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Margaret Keller

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Balto City Hospl. (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Stone Chapel Date 1 Jun 35

19. UNDERTAKER J. S. Marshall (Address) 35-39 Falls Rd

21. FILED UL 17 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1935 to 7-12, 1935

I last saw him alive on 7-12, 1935 Death is said to have occurred on the date stated above, at 10 50/P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscesses of Abdominal Wall and Scrotum | 2 wks |
| Benign Hypertrophy of Prostate | |

Other contributory causes of importance:

Was operation performed for above conditions? Date of 7-4-35

For what disease or injury? Abscesses of Abdominal Wall and Scrotum

Name of operation Incision and drainage Date of 7-4-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Martin, M. D.

(Address) Balto City Hospl.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14488

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14488

## CERTIFICATE OF DEATH

168

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lazarus Fernheimer

(a) Residence: No. 2817 Barman Ave 3722 Eastern Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Fernheimer

6. DATE OF BIRTH (month, day, year) July 23 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Tone 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly Butcher

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md.

FATHER

13. NAME Samuel Fernheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miriam Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Fernheimer

(Address) 2817 Barman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chev Shalom Cem Date 7/18/ , 1935

19. UNDERTAKER J. Amerose & Co

(Address) 2133 Reisterstown Rd

FILED JUL 17 1935 Huntington Millhauser, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1245 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Haemorrhage - severed jugular vein (Self inflicted) | |

Other contributory causes of importance:

Probably Temporarily insane

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 8, 1935

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home, 3722 Eastern Ave.

Manner of injury incision with safety razor blade

Nature of injury severed jugular vein

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wright M. D. Coroner

(Address) 1095 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14489

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Fugate

If U. S. Veteran specify WAR

(a) Residence: No. 1403 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Fugate

6. DATE OF BIRTH (month, day, year) 11-6-1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Joseph Banach

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Dusalk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Balto City Hospt (Address) Record

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 18 1935

19. UNDERTAKER Geo. C. Miller (Address) 2445 E. Oliver St.

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1935 to 7-15, 1935

I last saw h alive on 7-15, 1935. Death is said to have occurred on the date stated above, at 845 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | ? |
| Other contributory causes of importance: malnutrition | ? |

Was an operation performed? yes Date of Dec 1934

For what disease or injury? Peptic ulcer (?)

Name of operation Gastroenterostomy Date of Dec 34

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt J. Martin M.D.

(Address) Balto. City Hospt

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 17 1935

M. D. F. 1268-9

F 14490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14490

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged & Infirm (St.) .....

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lettie Glassman

(a) Residence: No. Belvedere & Greenspring Aves. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE: Years 75 | Months | Days | If LESS than 1 day.... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Schwartzman

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rose [illegible]

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig Kronheim Supt.

(Address) Belvedere & Greenspring Aves

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Cemetery Date 7/18/35 19

19. UNDERTAKER: Jack Levin Sons

(Address) 1737 E. Baltimore St

JUL 19 1935

Funeral Director's Copy

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to July 16, 1935

I last saw her alive on July 16, 1935 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Chr. CV. Disease | |

Other contributory causes of importance:

Obesity

Cataract in L. eye

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Kunn M. D.

(Address) Lemdale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14491

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1111 Eden St. 17 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas E. Thompson

(a) Residence: No. 1111 Eden St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| White | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Thompson

6. DATE OF BIRTH (month, day, year) 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Enoch Thompson

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Mildred Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maggie Thompson
(Address) 1111 Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 7/19/ 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED JUL 18 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |

Other contributory causes of importance: —

Name of operation ..... Date of 7/16/35

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Thos. F. Shelby Coroner, M. D.

(Address) 1939 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1935

M. D. F. 168-9 F 14492

F 14492

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Madison ave St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Henry Bell

(a) Residence: No. 1302 Madison ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | C. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Sept. 15, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 69 | 70 | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co (State or country) Md

FATHER

13. NAME Thomas Bell

14. BIRTHPLACE (city or town) Howard Co (State or country) Md

MOTHER

15. MAIDEN NAME Priscilla ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ethel Barthrope

(Address) 1302 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 7/18/ , 1935

19. UNDERTAKER Francis A. Hemsley

(Address) 528 W. Biddle St.

20. FILED JUL 18 1935 19 ..... (Signature) Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19..... to July 15 , 1935

I last saw h... alive on July 14, 35. Death is said to have occurred on the date stated above, at 9 1/2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. H. Cochran M. D.

(Address) 1302 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14493

## CERTIFICATE OF DEATH

✓ 939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Carroll.

If U. S. Veteran specify WAR .....

(a) Residence: No. 5580 Norwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6. DATE OF BIRTH (month, day, year) 8/25/?1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James D. ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Cath. A. ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Brother.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date July 18, 1935

19. UNDERTAKER Thomas Gibbon

(Address) 3615-17 Huntington Ave

20. FILED JUL 18 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/28, 1934 to 7/16, 1935

I last saw him alive on 7/16, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia (?) | 1-2 days |
| Myocardial insufficiency | 2 wks |
| Other contributory causes of importance: Arteriosclerosis | ? |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14494

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14494 ✓ 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Shoemaker

If U. S. Veteran specify WAR .....

(a) Residence: No. 5311 Bluford Ave Ward. Beaufort Ter

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virthied Shoemaker

6. DATE OF BIRTH (month, day, year) Jan. 10-1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 69 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ? old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ? (State or country) Md.

FATHER

13. NAME Silas Shoemaker

14. BIRTHPLACE (city or town) ? (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ridinger

16. BIRTHPLACE (city or town) ? (State or country) Md.

17. INFORMANT Balto City Hospl. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden Date July 18, 1935

19. UNDERTAKER Edmondson Bros. (Address) 3657 Eastern Ave

20. FILED JUL 18 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-1935

22. I HEREBY CERTIFY, That I attended deceased from [redacted]10, 1935 to 7-16, 1935

last saw [redacted] alive on 7-16, 1935 Death is said to have occurred on the date stated above, at 8 20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Carcinoma of Urinary Bladder | ? |
| Other contributory causes of importance: Malnutrition | ? |

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Robt F. Wantz M. D.

(Address) Balto City Hospl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VSJ

JUL 18 1935

F 14495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14495

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George McGinnity

If U. S. Veteran specify WAR ..... (W)

(a) Residence: No. 2239 Mura St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine McGinnity

6. DATE OF BIRTH (month, day, year) Oct. 29, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 59 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry McGinnity

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Berger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 19th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 19 Huntington Williams Registrar.

JUL 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935 to July 16, 1935

I last saw him alive on July 16, 1935 Death is said to have occurred on the date stated above, at 12.10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adenocarcinoma of stomach | Feb. 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14496

# F 14496 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Bonner Rd St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph J. Ehrhardt.

(a) Residence: No. 3801 Bonner Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Ehrhardt

6. DATE OF BIRTH (month, day, year) Oct. 18, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 71 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Geo. Ehrhardt.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Lambrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. E. A. Powell

(Address) 3905 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem. Date July 18, 1935

19. UNDERTAKER Wm. F. Tuchfuhl Sons

(Address) North & Fayette.

... 19... Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to July 16, 1935

I last saw h... alive on July 15, 1935 Death is said to have occurred on the date stated above, at 4.20 a.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Bladder | 6/1/35 |
| | |
| | |
| Other contributory causes of importance: Bright's Kidney Disease | 4/1/35 |

Was an operation performed? yes Date of June 1/35

For what disease or injury? Cancer Bladder

Name of operation Radium Date of 6/35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. C. Heard, M. D.

(Address) 390 S. Fourth

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1935

F 14497

# F 14497 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2105 Pelham Ave St., 9-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Paul
If U. S. Veteran specify WAR

(a) Residence: No. 2105 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Paul

6. DATE OF BIRTH (month, day, year) Feb. 4 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bertha Paul
(Address) 2105 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 19 1935

19. UNDERTAKER Wm. H. Miller & Sons
(Address) Huntington Ave

20. FILED 19 Registrar.

JUL 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to July 16 1935
I last saw him alive on 7/16 1935 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| Other contributory causes of importance: Hypostatic Pneumonia | |

Was an operation performed? No Date of
For what disease or injury? None
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Kyle W. Foley M. D.
(Address) 5103 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

De Vries

F 14498

F 14498

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

Registered No. 6

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Mrs. Mary De Vries

(a) Residence: No. 111 N. Lakewood Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, (Widowed) or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John de Vries

6. DATE OF BIRTH (month, day, year) Aug. 24-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Faulk

(Address) 4023 Echodale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 19, 1935

19. UNDERTAKER John G. Connolly

(Address) Huntington Williams

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1935 to 7-15, 1935

I last saw her alive on 7-15, 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1) Acute Pancreatitis | |
| 2) Intestinal obstruction | |
| 3) Cholecystitis | |

Other contributory causes of importance:

Name of operation Cholecystectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D. (Signed) Wm. A. Hyndman M. D.

(Address) Bon Secours Hospital

JUL 18 1935

3

F 14499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 50

F 14499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Gutman Ave. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta M. Brodess

(a) Residence: No. 638 Gutman Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Not Known

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Brodess

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Mary Disney

(Address) 638 Gutman Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date July 20, 1935

19. UNDERTAKER John J. Denny

(Address) 715 Light St.

JUL 18 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935.

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to July 17 1935

I last saw her alive on July 17 1935 at 2.40 p. m. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of breast. | 1931 |
| Other contributory causes of importance: Bright's disease | |

Name of operation None Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed. L. Timmerman M. D.

(Address) 9358 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14500 ~~14599~~

## CERTIFICATE OF DEATH

62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida McKay

(a) Residence: No. 3411 Fairmount ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 8/25/89

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 46 | 10 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas Kerns

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katie Roke

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Now Bath July 20 1935

Date ... 19

19. UNDERTAKER Jos Foster & Son

(Address) Box 1 Kentucky Ave Huntington West Virginia

... 19 ...

Registrar.

JUL 18 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8. 1935 to July 16. 1935

I last saw h... alive on July 16 1935 Death is said to have occurred on the date stated above, at 6 40 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Oesophageal stricture | 17 yrs. |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Malnutrition | 6 months |
| Pellagra | 2 mo. |

Name of operation None Date of —

What test confirmed diagnosis? B-1 Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Warde B. Allen M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F14501 HEALTH DEPARTMENT--CITY OF BALTIMORE F14501

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Simacek

(a) Residence: No. 907 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Frank —

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophie Simacek

(Address) 907 N. Dallas Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 21st 1935

19. UNDERTAKER August Bode & Son Inc

(Address) 516 S. Eden St.

20. FILED JUL 18 1935, 19 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to July 17, 1935

I last saw her alive on July 17, 1935 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cholecystitis | |
| 2. Diabetes mellitus | |

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 6-13-35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) J. W. Magruder Abercrombie, M. D.

(Address)

Information should be carefully supplied. Age should be stated in years, and if under one year, in months and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1935

M. D. P. 1269-9

F 14502

# F 14502 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 527 W. Saratoga St., St., 4 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Ford

(a) Residence: No. 527 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

3a. If married, widowed or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) March 20, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Can.

FATHER

13. NAME John Ford

14. BIRTHPLACE (city or town) (State or country) Can.

MOTHER

15. MAIDEN NAME Mary OConner

16. BIRTHPLACE (city or town) (State or country) Can.

17. INFORMANT Walter B. Cooke
(Address) 1 W. 190 St. N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place New York City Date 7/18/35 19

19. UNDERTAKER Edward Goodson
(Address) 2207 Wash Blvd

20. JUL 18 1935 Huntington, West Virginia

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15. 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14503 F 14503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N. Milton Ave St., 7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zullinger Ritzel

(a) Residence: No. 536 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ritzel

6. DATE OF BIRTH (month, day, year) Nov. 7, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nicholas Zullinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Pfetzman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peter A. Ritzel

(Address) 536 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 20, 1935

19. UNDERTAKER Frank V. Kilkenny

(Address) 215 S. Bond St

20. FILED JUL 19 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 9 mos. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreyer, M. D. Coroner

(Address) 1919 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 14504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14504

## CERTIFICATE OF DEATH

45-E

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Michelson

(a) Residence: No. 1110 E Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron

6. DATE OF BIRTH (month, day, year) 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mehama Faiget

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL (Private) Date 7/18/35 19

19. UNDERTAKER Jack Levin Sons

(Address) 1432 E Baltimore St Huntington Ave, N.Y.

20. FILED JUL 18 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to July 18, 1935.

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5 ~~a.~~ p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Tonsil & ~~Metastatic Lymph Glands~~ extention to Larynx. | 1932 |
| | 1934 |
| Other contributory causes of importance: Respiratory Failure | 7-17-35 |
| Cardiac decompensation & arteriosclerotic heart disease | |

Name of operation Tracheotomy Date of 7-18-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon L Kessel, M. D.

(Address) St Agnes Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 5268(C)

F 14505

F 14505

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ephraim Howard

(a) Residence: No. 340 Bloom St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) Carrie Howard

6. DATE OF BIRTH (month, day, year) 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie Howard (Wife)

(Address) 342 Bloom st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 18 1935

19. UNDERTAKER Archibald E. Gaddis

(Address) 2101 McCulloh St.

20. FILED JUL 18 1935 Deputy for Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-11- 1935 to 7-17- 1935

I last saw him alive on 7-17- 1935 Death is said to have occurred on the date stated above, at 6.47 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7-11-35 |

Other contributory causes of importance:

Hypertension

Name of operation None Date of None

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chalmers B. LeCompte M. D.

(Address) Provident Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

s. 3

M. D. B 1268-9

F 14506

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Valentine Ave St. 4 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary E. Buganowski

(a) Residence: No. Elkridge Md St., ....Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Buganowski

6. DATE OF BIRTH (month, day, year) July 3 - 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ | 24 | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Benjamin Buganowski

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Augustine Date July 19 1935

19. UNDERTAKER Kelly & Ellicott Sons

(Address) 403 S. Paca St.

19 FILED JUL 18 1935 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Septicemia | |
| Incomplete Abortion | |
| Other contributory causes of importance: | |

Name of operation Curetment Date of July 15

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify ....

(Signed) A. K. Nelson M. D.

(Address) 8757 Belmont

F 14507

F 14507

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Southwood Guilford Ave Ward

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Jennie Bean

(a) Residence: No. 414 Southwood Guilford St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Bean

6. DATE OF BIRTH (month, day, year) March 2, 1843

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ... min. |
|---|---|---|---|
| 92 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjaman Hatchison

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dont. Known

16. BIRTHPLACE (city or town) (State or country) Dont Known

17. INFORMANT Mrs Anna Wessel Daughter
(Address) 414 Southwood Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 19, 1935

19. UNDERTAKER John A. Morany
(Address) 3000 E. Balto St.

20. FILED JUL 19 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1935 to July 16, 1935

I last saw h[illegible] alive on July 16, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M. 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 11/35 |
| Complications | |

Other contributory causes of importance:

Senility

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Geo. L. Wiekers M. D.

(Address) 2124 E 33rd St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 8

F 14508 ✓ F 14508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR 1st

2. FULL NAME Alex Mc Donald.

(a) Residence: No. 160 N. Gay St., Ward.
(Usual place of abode) 10 years (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Separated. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda.

6. DATE OF BIRTH (month, day, year) 8/21/1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 43 | 43 | 10 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Donald

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT (Address) Patient.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 18, 1935

19. UNDERTAKER (Address) William Cook 1247 St Paul St.

20. FILED Thos. L. Williams, M.D. 8/1/35

JUL 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1935 to 7/12, 1935

I last saw him alive on 7/12, 1935 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

1 Bronchopneumonia — Date of onset 3 days

Other contributory causes of importance:

Alcoholic neurites.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Roberta Pate M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. H. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14509

14509

## CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 N Central St. 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Davis

(a) Residence: No. 705 N Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17 1918

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Samuel Davis
14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Gertrude McCord
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Gertrude Davis
(Address) 705 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date July 18 1935

19. UNDERTAKER Robert T Williams
(Address) 3135 E Monument St

20. FILED JUL 18 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to July 15 1935
I last saw him alive on July 15 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 6/30/35 |
| Other contributory causes of importance: | over |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C Bhe Compton M. D.
(Address) 1113 N Calvert St

Information should be carefully supplied. Age should be stated in years, months, days. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1203-9

F 14510

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14510

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August J. Wedemeyer

(a) Residence: No. 115 E Barney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August B. Wedemeyer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Augusta Kelm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 8 1935

19. UNDERTAKER Margaret E. Flynn

(Address) West Lafayette St.

JUL 8 1935 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-6-35, 19..... to 7-17, 1935.

I last saw him alive on 7-17, 1935. Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis, meningococcus | 6-7-35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 543

M. D. B 1268-2

F 14511

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14511

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 N. Liddle St., 11 Ward)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Henry Lauer.

(a) Residence: No. 308 N. Liddle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Cal. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 9 10 | 7 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Joseph P. Lauer

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Ellen Brawner

16. BIRTHPLACE (city or town) Howard Co Md.
(State or country)

17. INFORMANT Mary Ellen Brawner
(Address) 309 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date July 18 19 31

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above, at 4-9 P.M.,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Myocarditis (Chronic) | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Arteriosclerosis.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. Hann Coroner M. D.

(Address) 12 W. Hamburg St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use ... ink

MORGUE ... 1571

M. D. F 1268-9

14512

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14512

## CERTIFICATE OF DEATH

82a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert J Thomas

(a) Residence: No. 803 Chase St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Col | unknown |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 70 | — | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 8 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| apoplexy | July 1 |
| Other contributory causes of importance: | |
| probably arteriosclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. M. Wright, M. D.
Coroner

(Address) 610 S. Bond St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

M. D. F. 1268-9

✓ F 14513

306448
Bd. 14513

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34a - 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Augustine Audette

(a) Residence: No. 1406 E. Chase St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 3 wks | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Jefferson Audette

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leona Audette

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Med School Date July 18, 1935

19. UNDERTAKER
(Address)

JUL 18 1935 Registrar Huntington Williams M.D.

1579 N

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 11 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935, to July 11, 1935

I last saw him alive on July 11, 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | 7-2-35 |
| Congenital Syphilis | birth |
| ~~Atelectasis~~ | 6-9-35 |

Other contributory causes of importance:

Name of operation Appendectomy Date of .....

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Lyle B Edwards, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14514

14514

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 34a-119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Pitts

(a) Residence: No. Chase Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ellsworth Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Minyon Pitts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date July 18 1935

19. UNDERTAKER

(Address)

20. FILED Huntington, W. Va. Registrar

JUL 18 1935 (586)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to July 12 1935

I last saw her alive on July 12 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 7-2 |

Other contributory causes of importance:

Syphilis congenital ?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Mankiewicz M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 14515

F 14515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N. Durham St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Irvin

(a) Residence: No. 1039 N. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, W hrs. or min. |
|---|---|---|---|
| | | 3 | 4 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Benjamin Irvin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date May 18, 1935

19. UNDERTAKER
(Address)

L 18 1935 Huntington Williams, M. D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-3-35, 19 ... to 7-7-35, 19 ...

I last saw him alive on 7-7-35, 19 ... Death is said to have occurred on the date stated above, at 3 00 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Patent ductus arteriosus and foramen ovale.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Whitridge Jr. M. D.

(Address) JOHNS HOPKINS HOSPITAL

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 14516

# 14516 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EARLINE KEMP

(a) Residence: No. 627 PIERCE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | COLORED | SINGLE |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) FRIDAY JUNE 8, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 5 WKS | 5 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

COLD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country)

FATHER

13. NAME WALLACE COPELAND

14. BIRTHPLACE (city or town) N. CAROLINA
(State or country)

MOTHER

15. MAIDEN NAME MARY BURRELL.

16. BIRTHPLACE (city or town) MIDDLESEX CO
(State or country) VIRGINIA

17. INFORMANT MOTHER (MARY BURRELL
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~.
Place Mt Auburn Date July 18, 1935

19. UNDERTAKER William A Peakman
(Address) 816 Penna Ave
Huntington Williamson, W Va

20. FILED JUL 18 1935

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1935 to 7-18, 1935

I last saw her alive on 7/18/1935. Death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PREMATURITY | 6-8-35 |
| BRONCHO PNEUMONIA | 7-17-35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Howard, M. D.
(Address) Co. Edmondson Hospital

information should be carefully supplied. AGE should be stated in YEARS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12[illegible] F 14517

F 14517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 131

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Jackson

(a) Residence: No. 216 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Sarah Jackson

6. DATE OF BIRTH (month, day, year) 1855

7. AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Va.

FATHER

13. NAME George Jackson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Nattie Lewis 216 W. Biddle St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date July 19 35

19. UNDERTAKER James Adams (Address) 1142 Wilkens Ave

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 18, 1935

I last saw him alive on July 18, 1935 Death is said to have occurred on the date stated above, at 7.35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Hypertensive cardio-vascular disease | |
| Other contributory causes of importance: | |
| Chronic interstitial nephritis | |

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1838 Druid Park Drive

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 3

JUL 19 1935 [illegible]

M. D. F. 1268-9

F 14518 HEALTH DEPARTMENT—CITY OF BALTIMORE 14518

# CERTIFICATE OF DEATH

104-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospital, 9 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Bowling

(a) Residence: No. 1304 North Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louella (Culver)

6. DATE OF BIRTH (month, day, year) 3-19-1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 53 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingston Tenn

MOTHER FATHER

13. NAME Joseph Bowling

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Sarah [illegible]

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Louella Bowling

(Address) 1304 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Memphis Tenn.

Place Forest Hill Cem. Date July 20 1935

19. UNDERTAKER George J. Roth Mem Co

(Address) 1 E. Preston St

20. FILED JUL 19 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935 to July 17 1935

I last saw him alive on July 17 1935 Death is said to have occurred on the date stated above, at 9 50 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Chronic sinusitis | |
| 2. Chronic myocarditis | |
| 3. Asthma | |

Other contributory causes of importance:

Name of operation Radical sinusotomy Date of 7-16-35

What test confirmed diagnosis autopsy? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H H Mezgrue M. D.

(Address) ...

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. If under one year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14519

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14519

## CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Reisterstown Rd. St., 15 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob D. Rose

(a) Residence: No. 3813 Reisterstown Rd. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Rose

6. DATE OF BIRTH (month, day, year) Aug. 5, 1871.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| ✓ | 63 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automatic Amusement

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leopold Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Kraft

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Arthur Rose

(Address) 3813 Reisterstown Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hebrew Friendship Date July 19 1935

19. UNDERTAKER David Apodaca & Son

(Address) 1902 Eutaw Place

20. FILED JUL 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to July 17 1935

I last saw h... alive on July 16, 1935. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Isidore D. Levy M. D.

(Address) 2324 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 18 1935

M. D. B 1268-9

# 14520 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M F 14520

Registered No.....

1. PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No.....St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Veteran of World War

2. FULL NAME Charles D. Welton

(a) Residence: No. Greenland Beach, A.A. Co. St., ..... Ward. ✓

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera McDermott Welton

6. DATE OF BIRTH (month, day, year) September 24.1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ 36 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Radio Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Andover New Hampshire

FATHER

13. NAME Azro Welton

14. BIRTHPLACE (city or town) (State or country) Alexandria New Hampshire

MOTHER

15. MAIDEN NAME Carrie B. Jackman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT U. S. Marine Hospital Records

(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date July 19, 1935

19. UNDERTAKER E. Leroy Stellen Inc.

(Address) 125 E. North Avenue

20. FILED ..... 19..... Registrar.

JUL 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive 7/17, 1935. Death is said to have occurred on the date stated above, at 2.15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis Left Ventricle | |
| Septicemia | |
| Empyemia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/25, 1935

Where did injury occur? Hampton Ave, Anne Arundel Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? Highway

Manner of injury Struck by Automobile

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how? Struck by Automobile driven by Hubert Bailey, Colored, U. S. N. D. (Address) 5142 Park Heights Ave

V 56 OCCUPATION is very important. See instructions on back of certificate.

F 14521

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

F 14521

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1641 Carswell St. St., 9 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Gundel,

(a) Residence: No. 1641 Carswell St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Gundel.

6. DATE OF BIRTH (month, day, year) August 1, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) July 17. 1935

11. Total time (years) spent in this occupation 50 Years

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Leonard Gundel,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Annie M. Gundell

(Address) 1641 Carswell St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date JUL 20 1935

19. UNDERTAKER Harry W. Eblen

(Address) 1944 W. North Ave

20. FILED JUL 19 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/16/35, 19..., to 7/18/35, 19..., that I last saw h... alive on 7/18/35 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Cerebral Hemorrhage | 7/18/35 |
| Arteriosclerosis. | 1925 |
| Other contributory causes of importance: Senile Asthma | Sudden |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Apperson M. D.

(Address) 1423 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

F 14522

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14522

## CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Chestnut St. 13 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie D. Young

(a) Residence: No. 620 W 34th St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Jacob Young

6. DATE OF BIRTH (month, day, year) Dec 25 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottom Sewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. Greif Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Ernest Mason

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Emma Imboss

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Ernest Mason

(Address) 620 W 34th St

18. BURIAL, CREMATION, OR REMOVAL Interment Date July 20 35

19. UNDERTAKER A. S. Marshall

(Address) 3539 Lafayette

20. FILED JUL 19 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pistol Shot wound through heart | July 17 35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury July 17, 1935

Where did injury occur? 3124 Chestnut St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home & a friend

Manner of injury Pistol Shot fired in the hand by Morgan Webster

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. W. Wickenhoner M. D.

Coroner

(Address) .....

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1206 F 14523

F 14523

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Radnor Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua J. Regester

(a) Residence: No. 560 Radnor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A. Regester

6. DATE OF BIRTH (month, day, year) February 16, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jas. Robertson Jfg. Co

10. Date deceased last worked at this occupation (month and year) July 16, 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Daniel T. Regester

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ray

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Evelyn Wallace
(Address) 560 Radnor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 19, 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

20. FILED JUL 19 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to July 17, 1935

I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at 8.30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | |
| Acute dilatation of Heart | |
| | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hart H. Benson M. D.

(Address) Beaumont Ave & York Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. 14524 Susan V. Barksdale F 14524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1801 Orleans St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan V. Barksdale If U. S. Veteran specify WAR .....

(a) Residence: No. 1801 Orleans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | S |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 15-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leo Barksdale

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louise Barksdale
(Address) 1801 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date July 19, 1935

19. UNDERTAKER Robert E. Williams
(Address) 1513 N. Eldorado St

20. FILED ..... 19 ..... Registrar.

19 1935 Funeral Director, Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth (2 months prior) | |
| Other contributory causes of importance: | |

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Leo J. Allen M. D.
Coroner.

(Address) 201 Equitable Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

M. D. F. 1268-9

F 14525 Ubellion F 14525

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Wolf St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ubellein

(a) Residence: No. 306 S. Wolf St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances L. Ubellein

6. DATE OF BIRTH (month, day, year) May 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 68 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. assistant gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Greenmount Cemetery

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances L. Ubellein

(Address) 306 S. Wolf St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 20 1935

19. UNDERTAKER Randall & Slippey

(Address) 1420 Linden Ave

20. FILED JUL 19 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | |

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? probably not If so, specify .....

(Signed) [illegible] M. D.

(Address) 101 S. Eutaw St. Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no blanks. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1948-9 F 14526

F 14526

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Lemon st St., 19 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Fax

(a) Residence: No. ~~1314~~ 1363 Lemon st St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Fax

6. DATE OF BIRTH (month, day, year) Aug. 17-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 64 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Unemployed~~ ~~ot~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

FATHER

13. NAME Augustus Green

14. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Cora Wilson

(Address) 955 Brnnett Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 20, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED JUL 16 1935 Huntington Williams, M.D.
(Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1st 35 to July 16 35

I last saw her alive on July 15th. 35 Death is said to have occurred on the date stated above, at 5;50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of brest (Bilateral) | Abt. Jan. 193 |
| Other contributory causes of importance: | |

Name of operation Removal of lft. B Date of ?

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter J. Jackson M. D.

(Address) 163 W. Franklin st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 14527

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14527

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Price

(a) Residence: No. 2211 Hunter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Howard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Price

(Address) 2101 Pine

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 19 1935

19. UNDERTAKER Sam'l H Chase Sons

(Address) 638 N. Eutaw

20. FILED JUL 19 1935 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16- 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-12- 1935 to 7-16- 1935

I last saw her alive on 7-16- 1935 Death is said to have occurred on the date stated above, at 7 a/p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7-12-35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of No

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin B Le Compte M. D.

(Address) Provident Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14528

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14528

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth 50 yrs. mos. ds.

2. FULL NAME Jonas Herman

(a) Residence: No. Sinai aged Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Herman

6. DATE OF BIRTH (month, day, year) Dec 25, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 81 | 6 | 24 2 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquor Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Lenhart

(Address) 3206 Mura Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bal. Hebrew Cem. Date July 19 1935

19. UNDERTAKER David Sondheim Son

(Address) 1903 Eutaw Place

20. Filed JUL 19 1935 Deputy [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1935 to 7-18, 1935

I last saw him alive on 7-18, 1935. Death is said to have occurred on the date stated above, at 10-50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Accident | |
| Arteriosclerosis | |
| Cerebral Sclerosis | several |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul E. Cardiner, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

✓ F 14529

F 14529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Samuel Malenaw

(a) Residence: No. 2526 Quantico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) — 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ | 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Huntington Rd. Date 7/19/35 19....

19. UNDERTAKER Sol Levin Inc

(Address) 732 E. Baltimore Huntington Wallace 1935

20. FILED JUL 19 1935 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 . 1935 to July 19 . 1935

I last saw him alive on July 19 . 1935 Death is said to have occurred on the date stated above, at 1:05 pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Coronary Occlusion | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul C. Carlson M. D.

(Address) Sinai Hospt.

STATE CAUSE OF DEATH in the plain words of a layman. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 14530

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14530

## CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 D. Chapel St. St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 50 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Biedinski

(a) Residence: No. 613 D. Chapel St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Biedzanski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Walter Biedzanski (Son)

(Address) 613 D. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 20, 1935

19. UNDERTAKER John M. Digby

(Address) 401 N. Charles St

20. FILED [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation by hanging while temporarily insane | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 17, 1935

Where did injury occur? 613 S. Chapel St Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Ahrenberg, M. D. Coroner

(Address) 19 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

USE

F 14531 ✓ F 14531

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Maine Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elinor Duncan Moore

(a) Residence: No. 4000 Maine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of William E. Moore

6. DATE OF BIRTH (month, day, year) Sept. 12, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 67 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. Henry Knell, Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ellen James

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mrs. Eleanor Davis Kerr 2219 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date July 20 1935

19. UNDERTAKER George J. Smith (Address) 1900 Mt. Vernon Place

20. FILED JUL 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1935 to 7/15 1935

I last saw her alive on 7/15 1935 Death is said to have occurred on the date stated above, at 7 00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | ? |
| Coronary arteriosclerosis | ? |
| Generalized arteriosclerosis | ? |
| Other contributory causes of importance: Cholelithiasis — | ? |

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 9 3

JUL 19 1935

F 14532 ✓ F 14532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 Oakdale Road St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Milton Linthicum, M.D.

If U. S. Veteran specify WAR World

(a) Residence: No. 106 Oakdale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Lillian N. Howland

6. DATE OF BIRTH (month, day, year) Aug. 17, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Linthicum Heights Md.

FATHER

13. NAME Sweetser Linthicum

14. BIRTHPLACE (city or town) (State or country) Linthicum Hgts. Md.

MOTHER

15. MAIDEN NAME Laura Ellen Smith

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Seth H. Linthicum

(Address) Linthicum Hgts. Md.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Druid Ridge Cem. Date July 20, 1935

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED 19 Registrar

UL 19 1935 [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to July 18, 1935

I last saw him alive on July 18, 1935 Death is said to have occurred on the date stated above, at 10.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/14 |
| Other contributory causes of importance: Arteriosclerosis | 1933 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Aut. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C Urban Smith M. D.

(Address) 817 Park Avenue

M. D. B. 1369-9 F 14533 ✓ F 14533

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Mary Ave. Carpenter P.O. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Edward Michael Reuberger

(a) Residence: No. 4208 Mary Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Mrs. Anna Reuberger

6. DATE OF BIRTH (month, day, year) April 7 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 3 | 9 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Mail do

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Thos. Reuberger

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Leinkuhler

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Mrs. Reuberger Wife
(Address) 4208 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 22 1935

19. UNDERTAKER Wilhelm L. Schaeffer
(Address) 1614 E. Monument St

20. FILED ..... Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to July 17 1935

I last saw him alive on July 16 1935. Death is said to have occurred on the date stated above, at 11.20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Carcinoma of cardiac end of stomach | June 1934 |
| Myocardial Failure | July 17-35 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Lab Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Emmanuel Ashkenazy M. D.

(Address) 842 S. East Ave.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 14534

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14534

93-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. S.E. Walter Miller Co. Wilkens Ave & Locust Point Rd, Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Dykes

(a) Residence: No. 1637 Fleet St., .....Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messman

9. Industry or business in which work was done, as mill, mine, bank, store, farm, etc. S. E. Walter Miller Contracting Steveding Co.

10. Date deceased last worked at this occupation (month and year) July 17

11. Total time (years) spent at this occupation Since 1918 '35

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Name Edmondson Cem. Date 7-19th 1935

19. UNDERTAKER Bernard C. Harker
(Address) 121 E West St.

20. FILED 7-19 1935 Huntington Williams & Co.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw ~~him alive on~~ ....., 19..... Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocarditis | July 17 1935 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate

F 14535

14535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Virginia Gray

(a) Residence: No. 712 Carroll st. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Gray

6. DATE OF BIRTH (month, day, year) July 4, 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Morgan
14. BIRTHPLACE (city or town) West Virginia
(State or country)

MOTHER

15. MAIDEN NAME Christian Slaine
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 7/22 19 35

19. UNDERTAKER [illegible]
(Address) 1212 Druid Hill Ave

20. FILED [illegible] 19 35 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935 to July 17, 1935
I last saw her alive on July 17, 1935 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Jan. 1931 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Kaufman M. D.
(Address) Baltimore City Hospital

BIRTH CERTIFICATE OF DEATH is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 14536

14536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 448 East Lorraine Ave. Ward) 12

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Miller

U. S. Veteran? World War Spanish Amer.

(a) Residence: No. 448 East Lorraine St., Ward. .....

(Usual place of abode) 18 yrs

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Margaret E. Miller

6. DATE OF BIRTH (month, day, year) April 7

7. AGE: Years 67 | Months 3 | Days 11 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Govt

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret E. Miller

(Address) 448 E Lorraine

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date July 20 1935

19. UNDERTAKER William Lee & Co

(Address) 1217 St Paul Street

20. FILED JUL 19 1935 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1 Year |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Nephritis | 1 Year |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ellwood Emerson M. D.

Coroner

(Address) Coroner

Spec.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 448 E. Lorraine Ave. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wilhelm E. Miller

(a) RESIDENCE. (No.) 448 E Lorraine Ave. (St.) (Ward.)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify War.) No

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret E Miller

6 DATE OF BIRTH (month, day, and year): Apr. 7. 1868

7 AGE — Years: 67 — Months: 3 — Days: 11 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst. Post Office Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): U S Govt.

(c) Name of employer: Apr 1933 — 13 yrs

9 BIRTHPLACE (city or town) (State or country): New York N. Y.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs E. Miller 448 E Lorraine Ave

15 Filed . 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18, 1935

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to July 17, 1935, that I last saw him alive on July 17, 1935, and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis & Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage- Found dead in bed. Sudden.

(duration) yrs. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm M Baumebaker, M. D.

, 19 (Address) 2740 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

F 14537

14537

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME John Staubs
(a) Residence: No. 1739 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Staubs

6. DATE OF BIRTH (month, day, year) 10-20-1899

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur ? 9207
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER
13. NAME Sam Staubs
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER
15. MAIDEN NAME Blanche Specken
16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT (Address) Balto City Hospt. Record

18. BURIAL, CREMATION, OR REMOVAL. Place St Louis, Hagerstown Md. Date 7/19/35

19. UNDERTAKER (Address) Wilbur Cook 1215 Eutaw St Baltimore, Md

20. FILED ... Registrar.

JUL 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-16-1935 to 7-17-1935
I last saw h... in alive on 7-17-1935 Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Gangrenous Appendix | 3 days |
| Other contributory causes of importance: Generalized Peritonitis | 2 days |

Was an operation performed? yes Date of 7-17-35
For what disease or injury? Generalized Peritonitis
Name of operation appendectomy Date of 7-17-35
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J. Martin M. D.
(Address) Balto. City Hospt. Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

F 14538

14538

30148

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Lovette

(a) Residence: No. 2134 Druid Hill Ave Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | married |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Durand

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Durand

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburg, Pa Date 7/20/35 19

19. UNDERTAKER Geo H Pollard
(Address) 1631 Druid Hill Ave

19 1935 Huntington Williams Reg. No. 1295

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9 1935 to July 14 1935

I last saw her alive on July 17 1935 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, breast, Gg | 5 mo |

Other contributory causes of importance:

| | |
|---|---|
| Pulmonary embolus | |

Name of operation Amputation, breast Date July 11

What test confirmed diagnosis Absent Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Bridenbaugh, M. D.

(Address) J. H. Hospital

M. D. B. 1268-9

F 14539

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14539

93-C

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 St Martins Rd St., Guilford Ward)

Length of residence in city or town where death occurred 86 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Theobald Longcope

(a) Residence: No. The Preston Apartments St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo W. S. Longcope

6. DATE OF BIRTH (month, day, year) Sept 7 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 85 | 86 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elisha Theobald

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Francis Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Warfield T. Longcope

(Address) 35 St. Martin's Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 20 1935

19. UNDERTAKER Henry W. Jenkins Son Co

(Address) McCulloh & Oakland Sts

20. FILED 19 Huntington West Virginia Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1935, to 7-19 1935

I last saw her alive on 7-18 1935 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | 1930 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Dorsey, M. D.

(Address) 1129 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

14540

F 14540

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W University Parkway Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Bartlett Baldwin

(a) Residence: No. 100 W University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Late Wm H Baldwin

6. DATE OF BIRTH (month, day, year) Sept 23rd 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Edward L Bartlett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Julia McFarland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Julia B. Nelly

(Address) 5015 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 20 1935

19. UNDERTAKER Henry H Jenkins & Co

(Address) Cor Eutaw & McCulloh Sts

20. FILED ... Registrar

JUL 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to July 19 1935

I last saw h[er] alive on July 18 1935 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lobar Pneumonia | July 16 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Influenzal Tonsillitis | July 3 |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Holmes Bruck M. D.

(Address) 5 Club Road

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

H. D. B 1268-5

F 14541

14541

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1186-a

Registered No.

1. PLACE OF DEATH Bon Secour Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna P. Knell

(a) Residence: No. 2144 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna P. Knell

6. DATE OF BIRTH (month, day, year) Jan 29 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo. Saffran

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Kiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James J. Knell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 20 1935

19. UNDERTAKER Geo. A. Jarboe & Son
(Address) 800 N. Fayette St.

20. FILED July 21 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia (Hypostatic) | 7/13/35 |
| Following fracture of right temporal Bone (Fracture of Skull) | |

Other contributory causes of importance:

Fell down Steps at St Martins Church.

Name of operation Autopsy Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Date of injury July 13 1935

Where did injury occur? St. Martins church Steps
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down steps Fractured Skull & Pneumonia

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 14542

14542 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 46-C

**CERTIFICATE OF DEATH**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Chesley Ave., Raspeburg, St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edgar Kramer

(a) Residence: No. 3108 Chesley Ave., Raspeburg, Md. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Sophia Hartman Kramer

6. DATE OF BIRTH (month, day, year) July 6, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | -- | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Kramer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Josephine Adeline (Unknown)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Doris Kramer
(Address) 3108 Chesley Ave., Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 22 1935

19. UNDERTAKER Mrs C. Stubblefield & Son
(Address) 2334 Jefferson St. Huntington Williams, Md.

20. FILED 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to July 18, 1935

I last saw him alive on July 18, 1935 Death is said to have occurred on the date stated above, at 2:30P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the transverse colon | 5yrs? |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Raspeburg, Md.

OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

M. D. B. 1268-9

F 14543

14543

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Y 131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 York Rd. St., 27 Ward)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna Sanderson

(a) Residence: No. 4223 York Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (or) WIFE of: John Sanderson

6. DATE OF BIRTH (month, day, year): Nov. 1852

7. AGE — Years: 82 — Months: 8 — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balt

FATHER

13. NAME: Henry Ebers

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: dont know

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): Wm B Pinkerton 3003 Oakland ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Oaklawn — Date: July 20, 1935

19. UNDERTAKER (Address): John A. Morad 3000 E. Balto St.

20. FILED: [illegible] Huntington Ave [illegible] JUL 19 1935

State CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/18/1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 18 1935

I last saw her alive on July 18 1935. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1930 |
| Myocarditis | 1935 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur J Davies M. D.

(Address) 800 W 33rd St

14544 HEALTH DEPARTMENT—CITY OF BALTIMORE 14544

CERTIFICATE OF DEATH ✓ 94-a

1. PLACE OF DEATH On Board SS John Cadwalader enroute Philadelphia to Baltimore.
CITY OF BALTIMORE: (No. ..... St., 17 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James J. Butler
If U. S. Veteran specify WAR Unknown

(a) Residence: No. 2810 N. Calvert St., Balto. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Dec. 10, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 6-24-35
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James J. Butler
14. BIRTHPLACE (city or town) (State or country) unknown Ireland

MOTHER

15. MAIDEN NAME Anastasia Corcoran
16. BIRTHPLACE (city or town) (State or country) unknown Ireland

17. INFORMANT U. S. Marine Hospital Records,
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 20, 35

19. UNDERTAKER John A. Braun
(Address) 3000 E. Balto St.
Huntington Williams, Md

L 19 1035.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. ~~I HEREBY CERTIFY, That I attended deceased from ..... to ..... That I saw ..... alive on ..... Death is said~~ to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date at onset |
|---|---|
| Angina Pectoris (over) | unknown |
| (See note on reverse side) | |

Other contributory causes of importance:
none

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. H. Creel, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 14545

M. D. B. 1368-B

F 14545

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131v

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Hull St St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Gallagher

(a) Residence: No. 1415 Hull St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August ? 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 80 | 81 | 11 | 10 ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas E. Gallagher

14. BIRTHPLACE (city or town) (State or country) County Mayo Ireland.

MOTHER

15. MAIDEN NAME Mary A. Nolan

16. BIRTHPLACE (city or town) (State or country) Co. Roscommon Ireland.

17. INFORMANT Margaret Gallagher sister
(Address) 1415 Hull St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 7/22, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to July 18, 1935
I last saw her alive on July 17, 1935. Death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1 yr |
| Hypertension | 1 yr |
| Myocarditis decompensated | 1 yr |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Interstitial Nephritis | 1 yr |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens, M. D.
(Address) 2878 Hartford Rd

State CAUSE OF DEATH in plain terms. No abbreviations. OCCUPATION is very important. See instructions on back of certificate.

JUL 28 1935

M. D. B 1266 F 14546

F 14546

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 W. Fayette St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide C. Heslen

(a) Residence: No. 1939 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Haslen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Street

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Ella Heslen

(Address) 3313 Winterbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/ 22/ 1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED 19 Registrar

JUL 20 1935 Health Department, Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/ 18/ 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30 1935 to June 18 1935

I last saw her alive on July 18 1935 Death is said to have occurred on the date stated above, at 11. 50 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | 7/11/35 |
| Other contributory causes of importance: Arterio Sclerosis | 1933 |

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N Fulton Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

S 3

M. D. P. 1268-9

F 14547

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14547

## CERTIFICATE OF DEATH

98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mrs Harry R. Hill

(a) Residence: No. 619 N. Lyndhurst St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine C. (nee Duggan)

6. DATE OF BIRTH (month, day, year) Aug. 14, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western 0061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. S. Hill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen J. Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Harry R. Hill
(Address) 619 Lyndhurst St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/22, 1935

19. UNDERTAKER Harry H. Wittstadt
(Address) 4101 Edmondson Ave

Huntington Williams
Registrar

JUL 20 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1935 to 7/19, 1935

I last saw h/w alive on 7/19, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene of left leg | |
| Embolism | |

Other contributory causes of importance:

Name of operation Amputation Date of 7/19/35

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. A. Sedlacek M. D.

(Address) Bon Secours Hosp.

M. D. B. 26-9 F 14548 ✓ F 14548

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Mosher St. St., 16 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Gretchen) Anna Margarethe Giesinger

(a) Residence: No. 1934 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Max Giesinger

6. DATE OF BIRTH (month, day, year) March 10, 1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl H. P. Rettig
(Address) 1934 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 20, 19 35

19. UNDERTAKER Harry F. Wilhelm
(Address) 4101 Edmondson Ave.

20. FILED JUL 20 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934 to July 17, 1935.
I last saw h[illegible] alive on July 16, 1935. Death is said to have occurred on the date stated above, at 1.30 a m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

July 17-35. 1 a. m.

Other contributory causes of importance:
Cardio renal trouble with dilatation of heart

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) J. Thomas Gibson, M. D.
(Address) 1001 S Fulton Ave

State CAUSE OF DEATH in plain terms so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

Bohne

F 14549

F 14549

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ) St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Louise Bohne

(a) Residence: No. 421 N. Holly St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W Cath | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 57 | 57 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Bohne

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Fleming

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. George Flemmer

(Address) 421 N. Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 7/22 19 35

19. UNDERTAKER Harry A. Mitzke

(Address) 4101 Edmondson Ave

20. FILED 19 Registrar

JUL 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 18 19 35 to July 18 19 35

I last saw her alive on July 18 19 35 Death is said to have occurred on the date stated above, at 9:25 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 1 year |
| Bronchial pneumonia | 7/15/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Herzfeld M. D.

(Address) Mercy Hospital.

OCCUPATION IS VERY Important. Be sure that it is correctly stated.

M. D. F. 1268-9 F 14550 ✓ F 14550

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 96 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Blunt

(a) Residence: No. 614 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A Blunt

6. DATE OF BIRTH (month, day, year) Apr-25-1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 52 | 47 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Evansville Ind.

FATHER

13. NAME Edw Peetz

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Amanda Riggins

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Mrs. Amanda Robertz

(Address) 217 N. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Mt Date July 22 1935

19. UNDERTAKER Thos. E. Connelly

(Address) Forest, Ind.

20. [illegible] 19 [illegible] Registrar

JUL 20 1935 Huntington Co Indiana

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935 to July 19, 1935

I last saw her alive on July 19, 1935 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypertension | |
| 2. Arteriosclerosis | |
| 3. Chronic nephritis | |

Other contributory causes of importance:

1. Paralysis
2. Metastatic tumors

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H H Wagenseller, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

F 14551 ✓ F 14551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5626 Anthony Ave. St., 26 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME SOPHIE M. YOUNG

(a) Residence: No. 5626 Anthony Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Young

6. DATE OF BIRTH (month, day, year) March 5, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 4 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Wurster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Chas. E. Foos

(Address) 5626 Anthony Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date July 21, 1935

19. UNDERTAKER John Ulrich Sons & Colleans

(Address)

20. Filed 19 Registrar

UL 20 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

I HEREBY CERTIFY, That I attended deceased from January 12 1935 to July 18 1935

I last saw h alive on July 18 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Pancreas | Dec 1934 |
| Arteriosclerosis | |
| Diabetis | |

Other contributory causes of importance:

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of None

What test confirmed diagnosis? Wrmdpnt & Blood Pictn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Dr. John S. Amoss M.D.

(Address) 26 E. Preston St.

M. D. F. 268-9 F 14552 ✓ F 14552

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

953 Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Pine Heights Ave St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ....ds. How long in U. S. If of foreign birth? yrs. mos. ....ds.

2. FULL NAME LOUISA BAUERNSCHMIDT

(a) Residence: No. 1004 Pine Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Bauernschmidt

6. DATE OF BIRTH (month, day, year) July 20-1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adam Dietrich

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Amelia E. Braungart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr William E. Bauernschmidt
(Address) 1004 Pine Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 20/35

19. UNDERTAKER F. B. Shubert & Son
(Address) 1300 EUTAW PLACE.

20. FILED Huntington Williams, M.D. Registrar

JUL 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to July 17 1935

I last saw her alive on July 17 1935 Death is said to have occurred on the date stated above, at 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Disease | 1933 |
| Coronary Thrombosis | 7-15-35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jane Stovall M. D.

(Address) Catonsville

OCCUPATION is very important. See instructions on back of certificate.

F 14553 ✓ F 14553

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W Lafayette Ave 16 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. John H. Tompkins

(a) Residence: No. 1012 W Lafayette Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen L. Tompkins

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50+

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Tompkins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dr. H. Herman Tompkins

(Address) 1012 W Lafayette Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Auburn Date July 22 1935

19. UNDERTAKER Geo. M. Chase & Son

(Address) 638 N. Gilmor

20. FILED AUG 20 1935 Huntington Williams M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to July 19 1935

I last saw him alive on July 18 1935 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency

Interstitial

Date of onset

Other contributory causes of importance:

Nephritis

Interstitial

over

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1612 E Monument

OCCUPATION is very important. See instructions on back of certificate.

F 14554 ✓ F 14554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 425 W. Hamburg St. 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 2 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Richard Warner
If U. S. Veteran specify WAR

(a) Residence: No. 425 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Warner

6. DATE OF BIRTH (month, day, year) May 14 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 2 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Edward Warner
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida Warner
(Address) 425 W Hamburg

18. BURIAL, CREMATION, OR REMOVAL
Place W. Auburn Date July 21 1935

19. UNDERTAKER Chas. H. Enos & Son
(Address) 36 E. Lexington Huntington Williams, N.Y.

20. FILED JUL 29 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to July 19 1935
I last saw h-- alive on July 19 1935 Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer | |
| Other contributory causes of importance: | |
| Toxemia | |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. Thompkins M. D.
(Address) 901 W Lanvale

M. D. F. 1568-M

F 14555 ✓ F 14555

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Myrtle Ave 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Carroll

(a) Residence: No. 1327 Myrtle Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 24 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month, day, year) Dec 26 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George W. Carroll

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah J. Lee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George W. Carroll
(Address) 1367 Myrtle Ave

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Date July 20, 1935

19. UNDERTAKER Chas. W. Chase & Son
(Address) 638 N. Fulton Ave

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V 93

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to July 17, 1935

I last saw him alive on July 15, 1935 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Req Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Howell M. D.

(Address) 601 N. Carrollton Ave

F 14556

F 14556

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Lofton

(a) Residence: No. 509 Greene St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

6. DATE OF BIRTH (month, day, year) 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Records Bur't

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 7/20 19 35

19. UNDERTAKER Wetter & Sons

(Address) [illegible] Huntingdon Indiana

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/23 1935 to 7/17 1935

I last saw her alive on 7/17 1935 Death is said to have occurred on the date stated above, at 6 05 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Duration 8 days

Other contributory causes of importance: Cerebral embolus 6/23/35; myocardial insufficiency 6/23/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

VS 9

20 1935

✓ F 14557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14557

## CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Jennie L. Lucke

(a) Residence: No. 1414 W. Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 7/15/1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | — | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Rogen

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Hannah

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 22 1935

19. UNDERTAKER George A. Fokley
(Address) 1500 W. Fayette St. Baltimore, Md.

FILED 20 1935 19..... Registrar.

OCCUPATION is very important. See instructions on reverse side.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1934 to 7/17 1935

I last saw her alive on 7/12 1935 Death is said to have occurred on the date stated above, at 3 15 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3 days

Other contributory causes of importance:

Pulmonary tuberculosis — 3/11/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

M. D. D. 1268-9

F 14558

F 14558

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Hollins St., 20 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harvey

(a) Residence: No. 2538 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Harvey

6. DATE OF BIRTH (month, day, year) February 4 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Telephone Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casing (Sausage)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) England

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT William F. Harvey

(Address) 2538 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 22 1935

19. UNDERTAKER George L. Schnatt

(Address) 2121 Frederick Ave.

20. FILED [illegible] 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to July 18 1935 Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. H. Barranco M. D.

(Address) 436 E Fort Ave

M. D. P. 1265-9

F 14559

3010 B014559

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Eybs

(a) Residence: No. 3004 Sheilla St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 7/22/85

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 49 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas. Bergmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augustine Herman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
St. Paul's 5th Ref. Ch. Cem. Jul. 23, 19 35
Place Date

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway.

20. FILED Huntington Williams, Jr. Registrar.

JUL 29 1935

OCCUPATION is very important. See instructions on back of certificate.

V S 3

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to July 19, 1935
I last saw her alive on July 19, 1935. Death is said to have occurred on the date stated above, at 4:23 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 2 yr. |
| Other contributory causes of importance: | — |

Name of operation Ligation & Pulmonary artery Date of Feb. 11/20

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. L. Wandelaer, M. D.
(Address) 1 H Hospital

M. D. B. 1263 F 14560

F 14560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

T✓21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hospi. 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Hilker (WILLIAM B. HILKER) Veteran of World War. Corp. Co. A. 313th infantry 79th Div.

(a) Residence: No. Carson Ave Dundalk Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall Hilker Mrs. Wm Hilker

6. DATE OF BIRTH (month, day, year) April 23, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Md. Baltimore Md.

FATHER

13. NAME Fred Hilker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife Mary Hilker
(Address) Carson Ave. Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date July 20 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED JUL 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-16-35, 19..... to 7-18-35, 19.....

I last saw h. alive on 7-18-35, 19..... Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured appendix | |
| Peritonitis. | |
| Toxemia. | |

Other contributory causes of importance:

Name of operation Drainage abdomen Date of 7-16

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F N Taylor M. D.
96 BH

(Address) .....

OCCUPATION is very important. See instructions on page 3

M. D. B. 126

F 14561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14561

## CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 William St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Son of Mr. & Mrs. Lewis C. Davis

(a) Residence: No. 1133 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 15 min. |
|---|---|---|---|---|
| | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Lewis C. Davis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rena C. Culley

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT Mr. Lewis C. Davis
(Address) 1133 William St

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med. School Date July 20, 1935

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar

JUL 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to July 20, 1935

I last saw him alive on July 20, 1935 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

5 months

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. P. Campbell M. D.

7/10/35 (Address) 1644 Hanover St

M. D. B. 12634 F 14562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14562

## CERTIFICATE OF DEATH

Registered No. 110

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 75 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Norway.

2. FULL NAME Joseph C. Schaum

(a) Residence: No. 3804 Leo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Kate Ross Schaum

6. DATE OF BIRTH (month, day, year) Aug 8 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 11 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Schaum

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Schaum

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Kate S Schell

(Address) 1409 E Lombard st.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 22 1935

19. UNDERTAKER Leitz Funeral Home

(Address) 4038 Wolfe St.

Registrar.

20. FILED July 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to July 19, 1935

I last saw him alive on July 18 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia
Chronic Empyema

Date of onset (4 yr)

Other contributory causes of importance:

Name of operation Rib Resection Date of 6-7-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conrad S. Wahl M. D.

(Address) 1213 Light St

M. D. P. 68-9 14563 F 14563

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H Norelius No War Service

(a) Residence: No. 1324 N Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10-1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industrial Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Oil Refinery 1066

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Torpsom Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs. Ray Tagg (Address) Long City N.J.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Ridge Date July 22 1935

19. UNDERTAKER Fortune & Sons (Address) 2200 E. Chase St

19a. FILED JUL 29 1935 19 Austin H. Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935 to July 19 1935

I last saw him alive on July 19 1935. Death is said to have occurred on the date stated above, at 8:15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor | ? |
| Cerebral hemorrhage | 2 wks. |
| Post operative shock | 7/19/35 |

Other contributory causes of importance:

Name of operation Decompression Left Temp Date of 7/19/35

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Reed M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 14564

M. D. B 12-8-9 F 14561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Lemmon St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Washington

(a) Residence: No. 640 Lemmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Washington

6. DATE OF BIRTH (month, day, year) 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

| | |
|---|---|
| MOTHER FATHER | 13. NAME unk |
| | 14. BIRTHPLACE (city or town) (State or country) unk |
| | 15. MAIDEN NAME unk |
| | 16. BIRTHPLACE (city or town) (State or country) unk |

17. INFORMANT Catharine Hill

(Address) 2524 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Va Date July 22 1931

19. UNDERTAKER Isaac L Brompton

(Address) 108 W Monument St

20. FILED Wm. F. Stuntzner Registrar

L 201935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset July 19 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S Callum M. D. Coroner

(Address) 507 Augusta St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

4565

F 14565

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 N Appleton St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie May Thompson

(a) Residence: No. 727 N Appleton St., ..... Ward.
(Usual place of abode) (If non-resident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

3a. If married, widowed or divorced (or) WIFE of Samuel A Thompson

6. DATE OF BIRTH (month, day, year) 8/20/73

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 61 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Virginia

MOTHER

13. NAME Geo. W. Brown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

FATHER

15. MAIDEN NAME Mary Shipley

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT (Address) Geo. G. Thompson Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Western Cem. Date July 22, 1935

19. UNDERTAKER H. W. J. Malloy Inc. (Address) 522. 8th St. SE Washington D.C.

20. FILED 7-23-1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935, to July 19, 1935

I last saw her alive on July 19, 1935 death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, Enteritis & Infirmities | |
| Slight Right Hemaphligia | |

Other contributory causes of importance:

Infirmities

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. .....

(Signed) R. P. Carman, M. D.

(Address) 1701 N Caroline St

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 14566

14566

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 23

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Maryland Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baron Horst von Buchau

(a) RESIDENCE. NO. 2003 Maryland Ave WARD. U. S. Veteran? No

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. 10 ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Esther von Buchau

6 DATE OF BIRTH (month, day, and year) Sept 13th 1877

7 AGE: Years 57 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Landscape Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Heinrich von Buchau

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant (Address): Esther Von Buchau 2003 Maryland Ave

21 1935 . 19 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1935

17 I HEREBY CERTIFY, That I attended deceased from 7/19/34 . 19 . to 7/21/35 . 19 . that I last saw him alive on 7/3/35 . 19 . and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B. (a)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H W Gudders, M. D.

. 19 (Address) 321 E 25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Humicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Crematorium — DATE OF BURIAL: 7/22/1935

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

TION is very important. See instructions on back of certificates.

F 14567

1567

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH Md. Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

*Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR 1C

2. FULL NAME Theodore Brushwiller

(a) Residence: No. 3603 Greenmount Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Brushwiller

6. DATE OF BIRTH (month, day, year) Aug. 24, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 59 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as ~~mill~~, saw mill, bank, etc. Conowingo St. Lighting Co

10. Date deceased last worked at this occupation (month and year) 7/15/35

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Theodore Brushwiller

14. BIRTHPLACE (city or town) (State or country) Fredrick, Md.

MOTHER

15. MAIDEN NAME Margaret Jane Hayden

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Emma Brushwiller

(Address) 3603 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 22nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

21 1935 Huntington Williams NCP

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/16/35 to 7/19/35, 19..

I last saw h. alive on 7/19/35, 19.. Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Caecum | 1933 |

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? Yes Date of 7/18/35

For what disease or injury? Carc. of Caecum

Name of operation Resection Date of 7/18/35

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John N. Bonnaffy M. D.

(Address) Maryland General Hosp.

E 14568

14568

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

91-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No

2. FULL NAME Oliver Smith.

(a) Residence: No. 1307 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Gladys Smith

6. DATE OF BIRTH (month, day, year) 9/16/1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 27 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural worker

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Johns Hopkins Hosp

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt. Smith.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Addie Briggs.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 22nd 1935

19. UNDERTAKER Home Work
(Address) 1219 E. Baltimore St.

21 1835

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/9, 1935 to 7/19, 1935

I last saw him alive on 7/19, 1935. Death is said to have occurred on the date stated above, at 7 45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 4 days |
| Subacute bacterial endo-Carditis | 6 wks. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 14569

14569 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 163

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union memorial Hospital St., 12 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Mildred Murgatroyd. No Record

(a) Residence: No. 401 E. 25th St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Wm. Murgatroyd

6. DATE OF BIRTH (month, day, year) June 13, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 7/14/35 — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Texas Md.

FATHER

13. NAME Geo. F. T. Parks

14. BIRTHPLACE (city or town) (State or country) Texas, Md

MOTHER

15. MAIDEN NAME Anna E. Armstrong

16. BIRTHPLACE (city or town) (State or country) Hampstead Md.

17. INFORMANT Geo H. Murgatroyd

(Address) 401 E. 25 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 7/22 1935

19. UNDERTAKER Gilligan & Cook

(Address) 1247 St Paul St

Huntington Williams Registrar

FILED 7-21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia due to taking Bichloride of mercury tablet while temporarily insane mentally deranged | July 15, to July 19, 35 |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Anderson M. D.
Coroner

(Address) Baltimore

M. D. B. 1268-9

F 14570

14570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Guilford Ave St., 12 Ward)

Length of residence in city or town where death occurred 60 yrs. unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Kirby

(a) Residence: No. 1712 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

Workers

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Kirby

6. DATE OF BIRTH (month, day, year) May 23, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Co. 1869

10. Date deceased last worked at this occupation (month and year) 9 yrs.

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Texas, Md.

FATHER

13. NAME Dennis Kirby

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mary A. Kirby
(Address) 1712 Guilford

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 22nd 1935

19. UNDERTAKER Wm Cook
(Address) 1417 St Paul St

Huntington Williamette Funeral Director.

FILED 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-18-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1934 to 7-18-1935

I last saw him alive on 7-17-35. Death is said to have occurred on the date stated above, at 11.35 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vascular-renal disease | Unknown |
| Other contributory causes of importance: | |
| Apoplexy | 12 days |

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Bro. B. Lybert M. D.

(Address) 2802 Harford Ave

Hyer—6-9-19—H. P. Co.—1000 Blks.

14571

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 14571

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 3915 Juniper Road (b) WARD 48

2-FULL NAME Dorothea Drum

(a) RESIDENCE. No. 3915 Juniper Rd ST., WARD. If U. S. Veteran (If nonresident give city or town and State) Spanish War

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Otto Drum

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE: Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norway

PARENTS

10 NAME OF FATHER: Conrad Stede

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Celeste Tallette

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norway

14 Informant: R. A. Simmons 1210 Huntington Ave, Md

15 Filed JUL 21 1935, 19 ARR Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1935

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to July 20, 1935, that I last saw her alive on July 20, 1935, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Howard Bo, M. D.

7/20, 1935 (Address) 2020 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Rose, York Co Pa

DATE OF BURIAL: 7/22 35

20 UNDERTAKER: J. M. Cook

ADDRESS: 1210 Lord St

TION is very important. See instructions on back of certificate.

F 14572

14572 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 N. Eden St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena M. Gehring

(a) Residence: No. 1528 N. Eden St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) February 13 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 48 | 5 | 8. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John G. Gehring

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary W. Metz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) A. Adam J. Gehring 2712 Alameda ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date July 23, 1935

19. UNDERTAKER Henry Strack Sons, Inc

(Address) 1301 E. Eager St

20. FILED JUL 21 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935 to July 20, 1935

I last saw h~~er~~ alive on July 18, 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Glomerulo Nephritis | 1928 |
| Chronic Lobar Pneumonia Bilateral | 2 days |
| Hypostatic Congestion Pulmonary Edema | 1902 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J. Sherbert M. D.

(Address) 2302 Edmondson Ave

4573 F 14573

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Sylvan Ave St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 Yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Clough

(a) Residence: No. 2922 Sylvan Ave. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced (or) WIFE of James A. Clough

6. DATE OF BIRTH (month, day, year) November 30 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Isaac Beardsley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Joseph Schreiter

(Address) 2922 Sylvan Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cemetery Date July 22 1935

19. UNDERTAKER Kenney Stock (Colored), Inc.

(Address) 1301 E. Eager St. Baltimore, Md.

20. Filed JUL 21 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 29 1935

I last saw her alive on 7/19/35 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Infect.) — Date of onset .....

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Kyle W. Bolley M. D.

(Address) 5103 Harford Rd.

14574 ✓ F 14574

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 W. Lombard St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel C. Clark

(a) Residence: No. 1144 W. Lombard St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Clark

6. DATE OF BIRTH (month, day, year) April 21, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 2 | 28 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Clark

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Farrell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edna Nickles
(Address) 1144 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 7/22/35 19

19. UNDERTAKER Frederick A. Cole
(Address) 1204 W Lombard St
Huntington Williams, M.D.

21 1835

OCCUPATION IS VERY IMPORTANT.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from February, 1934, to July, 1935

I last saw him alive on July 18, 1935. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 7-12-35 |
| Other contributory causes of importance: Cardiac Decompensation | 2 yrs |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Oscar E. Urban M. D.

(Address) 814 Fred'k Co Carrollton

F 14575

14575

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Bryant ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? 52 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac B. Goldstein

(a) Residence: No. 2013 Bryant ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Volkman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Volkman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Goldstein

(Address) 2013 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 7-21-35 19

19. UNDERTAKER Jos. Levy Inc

(Address) 1439 E. Baltimore St

21 1835 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1935, to July 19th, 1935

I last saw h. alive on July 17th, 1935. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerotic Cardio Vascular Disease with Coronary Sclerosis | |
| Other contributory causes of importance: Coronary Thrombosis | July 17th 1935 |

Was an operation performed? no Date of —

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Alex A Weinstock, M. D.

(Address) 4603 Park Heights Ave

M. D. B. 1268-9

14576 F 14576

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 N. Monroe St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 22 yrs. ... mos. ... ds.

2. FULL NAME Ida Blumberg

(a) Residence: No. 1908 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Blumberg

6. DATE OF BIRTH (month, day, year) March 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 64 | 63 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dinowitz Russia

FATHER

13. NAME Harry Buckman

14. BIRTHPLACE (city or town) (State or country) Dinowitz Russia

MOTHER

15. MAIDEN NAME Lea Korman

16. BIRTHPLACE (city or town) (State or country) Dinowitz Russia

17. INFORMANT William Blumberg
(Address) 763 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 7-22 35, 19

19. UNDERTAKER Jack Levy & Sons
(Address) 1937 E. Monument St.

20. FILED 1935 Huntington Williams, M. D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934, to July 19, 1935

I last saw her alive on July 19, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral haemorrhage | Feb 6-34 |
| Other contributory causes of importance: | |
| 2nd attack of apoplexy - cerebral haemorrhage | July 17 - 1935 |

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Pustacia, M. D.

(Address) Medical Arts Bldg.

14577 E 14577

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Helen S. Ulz

(a) Residence: No. 601 Turnbridge Road St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence F. Ulz

6. DATE OF BIRTH (month, day, year) March 22, 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 35 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7/16/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas R. Lowe.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah J. Preston.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Clarence Ulz
(Address) 601 Turnbridge Road

18. BURIAL, CREMATION, OR REMOVAL Parkwood
Date July 22, 1935

19. UNDERTAKER Thanhouser & Bro
(Address) 3615 Eastern Ave

21 1935 Attn for Williams, MD
& DPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to July 18, 1935

I last saw ~~he~~ she alive on July 18, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Intestinal Obstruction | 7/17/35 |
| Abdominal adhesions from a former appendectomy | 1928 |
| Other contributory causes of importance: Myocardial failure. | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

F 14578

4578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Ridgewood Road 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma A. Von Steine

(a) Residence: No. 112 Ridgewood Road St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry G. Von Steine

6. DATE OF BIRTH (month, day, year) Jan. 19. 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 6 | 01 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Eigenbrodt.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry G. Von Steine
(Address) 112 Ridgewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 22, 1935

19. UNDERTAKER Mrs. Mrs. John W. Seidel & Son
(Address) 501 W. Fayette St.

FILED 21 1935 Huntington Williams, M D

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935 to July 20, 1935

I last saw h[illegible] alive on July 20, 1935 Death is said to have occurred on the date stated above, at 12.38 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| cerebral hemorrhage | July 5/35 |
| Other contributory causes of importance: | |
| arterio-sclerosis | 15 yrs |
| Diabetes mellitus | 5 yrs |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Schlosser, M. D.

(Address) 1810 Eutaw Pl.

M. D. B 1268-9

F 14579

14579

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH West Lafayette Emerg Hospital — Registered No. 1866

CITY OF BALTIMORE: (No. 2918 W Lafayette St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Gerard Carl Beyer — If U. S. Veteran specify WAR ...

(a) Residence: No. 2918 W. Lafayette Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) May 29, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 3 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John C. Beyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lillian M. McGuigan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Edwin Beyer 2918 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Cemetery Date July 22 1935

19. UNDERTAKER Geo. W. Little (Address) 2700 Edmondson Ave

July 21 1935 19 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, about 6 a.m.,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 19 1935

Where did injury occur? Fell from car on Lafayette Ave
(Specify whether injury occurred in industry, in home or in public place)

Specify whether injury occurred in industry, in home or in public place Lafayette ave & Poplar Grove St.

Manner of injury Fell from car

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C Hare Coroner, M. D.

(Address) 1215 Hanover

M. D. B 1268-0

F 14580

# HEALTH DEPARTMENT—CITY OF BALTIMORE

4580

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Roberts Place St., 7th Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Bachman

(a) Residence: No. 3604 Roberts Place St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced, HUSBAND of (~~wife of~~) Gertrude E. Bachman

6. DATE OF BIRTH (month, day, year) August 5, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John G. Amrstein 3604 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL Place Mount Carmel Date July 22 1935

19. UNDERTAKER (Address) John Kefhick 2200 E. Oregon

20. FILED 21 1935 Huntington Woodruff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1914 E. North Ave.

4581 F 14581

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 17

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 623 N Washington St., 7 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Army X

2. FULL NAME Edward Thomas Lee

(a) Residence: No. 623 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Lee

6. DATE OF BIRTH (month, day, year) April 5-1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1862

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edward Lee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Warrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Kate Lee

(Address) 623 N Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date July 23, 1935

19. UNDERTAKER John Lederer

(Address) 200 E Orleans

Huntington Williams Mgr.

21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to July 20 1935

I last saw h alive on July 36 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lethargic Encephalitis | 15 days |
| Other contributory causes of importance: Acute myocardial insuff | 2 days |

Was an operation performed? / Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? / Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary E. Hughes M. D.

(Address) 700 W. Lafayette

M. D. H. 1268-9

F 14582

4582

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 N. Caroline St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Woolford

(a) Residence: No. 1047 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (child)

6. DATE OF BIRTH (month, day, year) 7/10/1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stephen Woolford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Handy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Stephen Woolford

(Address) 1047 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 7-29- 1935

19. UNDERTAKER Byron & James W. Wright

(Address) 1220 McElderry St

20. FILED 7-25-1935 Huntington Wills

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/18, 1935, to 7/18, 1935

I last saw him alive on 7/16, 1935 Death is said to have occurred on the date stated above, at 9:40 m. p.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 5/19/35 |
| Other contributory causes of importance: | |

Name of operation Autopsy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 1500 E. Monument

M. D. P. 1268-9

F 14583

1583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~John Murn~~ JOHN MURN

(a) Residence: No. 1045 W Mulberry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Murn.

6. DATE OF BIRTH (month, day, year) Not known

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| About | 72 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Richard C. Murn

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Scanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward. Murn.
(Address) 5 Liberty St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Date 7/22 1935

19. UNDERTAKER Bernard C Harle
(Address) 121 E West St

20. FILED ..... Huntington Williams M.D.
JUL 22 1935 C.F.N.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935 to July 20, 1935

I last saw h.. alive on July 20, 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post-Operative Shock | 4 days |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma head of pancreas | Unk |

Name of operation Cholecystogastrostomy Date of July 16

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Howard B Mays M. D.

(Address) Univ. Hospital

M. D. B. 1268-9

F 14584

14584

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 E. Hill St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas L. Sunderland

(a) Residence: No. 22 E. Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Sunderland

6. DATE OF BIRTH (month, day, year): Dec. 29. 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bristol, Md.

FATHER

13. NAME: John Sunderland

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Bassford

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Mary M. Sunderland
(Address): 22 E. Hill St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: July 22, 1935

19. UNDERTAKER: John F. Denny
(Address): 715 Linden Ave

20. FILED: July 21 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1935, to 7/19, 1935

I last saw him alive on 7/18/35, 19. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | December 1934 |

Other contributory causes of importance:

Metastases of Carcinoma to liver.

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Isaac Miller, M. D.

(Address) 1228 N. Charles St

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

4585 — T 14585

## CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Kenwood St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Kowalski

(a) Residence: No. 822 S. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Kowalski

6. DATE OF BIRTH (month, day, year) Unknown 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar factory

10. Date deceased last worked at this occupation (month and year) July 13 35

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Warsaw Poland

FATHER

13. NAME Anthony Kowalski

14. BIRTHPLACE (city or town) (State or country) Warsaw Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Probably Warsaw Poland

17. INFORMANT Victoria Kowalski

(Address) 822 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date July 22 1935

19. UNDERTAKER Stephen J. Fratkowski

(Address) 1000 S. Kenwood Ave

20. FILED 21 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19—. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (larynx) | |

Other contributory causes of importance:

Name of operation Tracheotomy Date of May 1934

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Linwood Ave

M. D. B 1268-9

F 14586

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14586

## CERTIFICATE OF DEATH

XV 118

Registered No.

1. PLACE OF DEATH Pronounced dead at the 24 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Haggerty. No Record

(a) Residence: No. 205 2nd Ave. Tacoma Park Md st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of (WIFE of) Virginia Haggerty

6. DATE OF BIRTH (month, day, year) August 1/1893 ~~August 1, 1891~~

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 41 ~~43~~ | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Interstate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commerce Com.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport. Conn

FATHER

13. NAME John Haggerty.

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Catherine Rooney ~~Rose~~

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Virginia Haggerty (wife)
(Address) 205 2nd. Ave. Takoma Park Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D. C. Date July 23rd 1935

19. UNDERTAKER William ~~Cook~~ Thomas
(Address) Harry G Tant st Washington D C

20. FILED JUL 22 1935 Registrar

Johnson made Aug 5/1935 due to information received of Patients Death July 21st 1935 Coroner's Certificate

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Gastritis. | |
| Acute dilatation o. the heart. | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of ... None. Date of ...

What ... confirmed diagnosis? Inquiry Was there an autopsy? No

22a. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Leinhardt M. D.
Coroner

7/21/35 (Address) 1017 E. Charles st.

M. D. H. 1928-9 F 14587 F 14587

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4407 Wickford Ave, 27 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. ~~Hyde~~ Blye

(a) Residence: No. 4407 Wickford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John M. ~~Hyde~~ Blye

6. DATE OF BIRTH (month, day, year) Mar 4 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 yrs. | 3 + | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 5/1934 11. Total time (years) spent in this occupation 4 2/4

12. BIRTHPLACE (city or town) (State or country) Hamet, N. Y. State

FATHER

13. NAME Patrick O'Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. W. R. Lynch

(Address) 4407 Wickford Ave

18. BURIAL, CREMATION, OR REMOVAL St. Anthony Cemetery Hamet N. Y. Date Aug 25, 1935

19. UNDERTAKER Edward W. Conklin

(Address) 52 E. Eager St

20. FILED ~~Aug~~ July 27 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to July 21, 1935

I last saw her alive on July 20, 1935 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Breast with generalized metastases | June 1934 |

Other contributory causes of importance:

Name of operation Biopsy in New York City Date of Jan 1935

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank Geraghty, M. D.

(Address) 3501 St Paul St

M. D. B. 1265-9

F 14588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14588

## CERTIFICATE OF DEATH

✓ 52

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 305 S. Collins Ave. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert - Moore. No War Service

(a) Residence: No. 305 S. Collins Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Jemima M. Moore.

6. DATE OF BIRTH (month, day, year) March 25-1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ 82 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Brunswick N.J.

FATHER

13. NAME Thos. Moore

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Harry Moore
(Address) 473 S. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 22- 1935

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED July 22 1935 Henry Williams Asst. Registrar.

Wife

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to July 19 1935

I last saw him alive on July 19 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Right Hand | Dec 1934 |
| Carcinoma Right Axilla | March 1935 |
| General Carcinomatosis. | " 1935 |
| | |
| Other contributory causes of importance: | |
| Epithelioma Basal cell of Nose | 1933 |
| | |
| | |

Name of operation Removal Tumor of Face Date of 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot W. Schwab M. D.

(Address) 24-32 Eutaw Place

M. D. B. 1268-9

F 14589

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1320 W. Lexington St.

CITY OF BALTIMORE: (No. 1320 St., W Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Massey

(a) Residence: No. 1320 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1849 Oct 14

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 85 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Worchester Co.

FATHER

13. NAME Wm H. Massey

14. BIRTHPLACE (city or town) (State or country) Worchester Co

MOTHER

15. MAIDEN NAME Mary Callahan

16. BIRTHPLACE (city or town) (State or country) Worchester Co.

17. INFORMANT Mrs. Farrell (Sister)
(Address) 608 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date July 22 1935

19. UNDERTAKER Wm Fletcher Sons & Dawes.
(Address) [illegible]

20. FILED 19..... Registrar.

JUL 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-17 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 19..... to July 1935

I last saw h[illegible] alive on 7-17 1935 Death is said to have occurred on the date stated above, at 3:45 P M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Generalized Arteriosclerosis | 1932 |
| Myocardial failure | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Peake M. D.

(Address) 1526 Harlem Road

OCCUPATION is very important. See instructions on back of certificate.

14590

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14590

## CERTIFICATE OF DEATH

46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Fulgrave Ave., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME John Joseph Gordon

(a) Residence: No. 617 Fulgrave Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Agnes Gordon

6. DATE OF BIRTH (month, day, year): Feby 27 - 1880

7. AGE: Years 55 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Filling Station Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: American Oil Co

10. Date deceased last worked at this occupation (month and year): May 1935

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Thomas Gordon

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ann Lacey

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Harry B. Gordon
(Address) 211 Virden Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 23 1935

19. UNDERTAKER: H. Hughes Sons
(Address) Mount Pleasant

20. FILED: JUL 27 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/21 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to July 21 1935

I last saw him alive on July 21 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia (Strep Viridens) | 2 mos |
| | |
| | |
| | |
| Other contributory causes of importance: Carcinoma Head of Pancreas | ? |
| Chronic Cholecystitis | ? |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard N. Dorsey, M. D.

(Address) 1800 Eutaw Place

14591 E 14591

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Edmondson Ave. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Maynard If U. S. Veteran specify WAR

(a) Residence: No. 3803 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Wiley Maynard

6. DATE OF BIRTH (month, day, year) Oct. 21. 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward J. Hines

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Lawton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Simmes
(Address) 3803 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Leakin Hill Date July 22 1935

19. UNDERTAKER Wm. J. Trotter & Son
(Address) Pratt & Fulton Sts

20. FILED July 22 1935 Clinton Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 20, 1935

I last saw her alive on July 20, 1935 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio Vascular Disease | (?) |
| Chronic Myocarditis | |
| Apoplexy | 4 days |
| Other contributory causes of importance: Acute Heart Failure "Angina" | 7/19/35 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Luther E. Little, M. D.

(Address) 928 N. Chas. St.

14592 F 14592

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 202 E Cross St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Norman L Valentine
If U. S. Veteran specify WAR

(a) Residence: No. 1435 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Valentine

6. DATE OF BIRTH (month, day, year) Mar 28? 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Retired 0.0.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Calvin Valentine

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adeline Pacelle

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Malone
(Address) 202 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date July 22 1935

19. UNDERTAKER Wm J Tuckett & Sons
(Address) Nos 2 & Penna Ave

20. FILED JUL 22 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 35 to July 20 1935

I last saw him alive on July 20, 1935. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1yr ago |
| Other contributory causes of importance: Metastatic Carcinoma of Liver | |

Was an operation performed? yes Date of
For what disease or injury? Carcinoma of Stomach
Name of operation Exploratory Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jos Wilkerson M. D.
(Address) 1800 N. Charles St

M. D. P. 1268-9

4593

# HEALTH DEPARTMENT—CITY OF BALTIMORE 4593

## CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances P. Duffy

(a) Residence: No. 1200 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Little Sisters of the Poor - Valley

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) 1859 ~~April 18 1935~~

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 76 | .. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer — Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Duffy

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Mc Gan...

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Superior
(Address) 1200 Valley St., Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 22 1935

19. UNDERTAKER Rita Niedefeld
(Address) 914 Greenmount Ave

20. FILED ... 19 ... Huntington Williamson, N.C.

JUL 22 1935 Clerk

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 — 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935, to July 21 — 1935

I last saw h[illegible] alive on July 14 1935. Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | ? |

Other contributory causes of importance:

| | |
|---|---|
| Chr Interstitial Nephritis | ? |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. M. Cohen, M. D.

(Address) 11 E. Hargett

M. D. R. 1263-9

14594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14594

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph Schaedler

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schkocke

6. DATE OF BIRTH (month, day, year) 17 March 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ 70 | " | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Schaedler

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Schaulger

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Superior

(Address) 1200 - Valley St. Balt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, G. V. C. Date July 23 1935

19. UNDERTAKER Rida Windfield

(Address) 914 Fremont Ave

20. FILED JUL 22 1935 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to July 20, 1935

I last saw h[illegible] alive on July 19, 1935. Death is said to have occurred on the date stated above, at 11:15 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Nephritis | ? |
| Other contributory causes of importance: | |
| Chr endocarditis | ? |
| Hy Pertension | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? Hyp. Cut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. McBurke M.D. M. D.

(Address) 114 Hartford Ave

M. D. B. 12

F 14595

F 14595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Carter Ave. Hamilton St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Czarnowsky

(a) Residence: No. 5511 Carter Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinand Czarnowsky

6. DATE OF BIRTH (month, day, year) Oct. 10. 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ferdinand Czarnowsky
(Address) 5511 Carter Ave

18. BURIAL, CREMATION, OR REMOVAL
Pankwood Cemetery Date 7/22/35 19

19. UNDERTAKER Leonard A. Finch
(Address) 5305 Harford Rd.

20. FILED 7-22-1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17 1935, to July 19 1935
I last saw h alive on July 19 1935 Death is said to have occurred on the date stated above, at 5.30 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Central Hemorrhage | 7/17/35 |
| Other contributory causes of importance: Hypertension | L |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) Helen Henning M. D.

(Address) 2000 Hollins St.

F 14596

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14596

93-D

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Cohen

(a) Residence: No. 816 Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10/9/1873.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 61 62 | 9 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wm. Cohen

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Betty Wilson

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 22nd 1935

19. UNDERTAKER Mrs Robt A. Elliott & Daughter

(Address) 1129 Carolina St.

20. FILED 22 1935 by Funeral Director

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/12 . 1935 to 7/19 . 1935

I last saw him alive on 7/19 . 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | July 1935 |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G Reyte M. D.

(Address) Balto City Hosp.

M. D. B 1268-b F 14597

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14597

## CERTIFICATE OF DEATH

79-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Delia Wax

(a) Residence: No. 787 George St. St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C. | Single |

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 22 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 5 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Wm. Wax

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Bulah Grays

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Wm. Wax

(Address) 787 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place Douglas Park Date 7/22, 1935

19. UNDERTAKER Walter B. Spurrier

(Address) 739 W. Lanvale St

20. FILED 7-22 1935 Arthur Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, and year) July 20, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |
| Germ not Isolated | |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

.....If so, specify.....

(Signed) R. H. Carter M. D.

Coroner

(Address) 2737 Lo. Howard St

M. D. B. 1968-9

F 14598

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14598

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Carter

(a) Residence: No. 1519 Bennett st Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Charles (same)

6. DATE OF BIRTH (month, day, year): July 20 1894

7. AGE: Years 40 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓ 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: John Schaffer

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Elizabeth Parker

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date July 23 1935

19. UNDERTAKER: Joseph Lyter

(Address) 162 W. North Ave

Huntington Williams, M.D.

Registrar

JUL 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JUL 20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935 to July 20, 1935

I last saw h[illegible] alive on July 20, 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | July 18, '35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic nephritis | 1932 |
| | |
| | |

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) A. L. Dippell M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Bks

F 14599

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14599

## CERTIFICATE OF DEATH.

✓ 157-C

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St. 70 Ward)

2. FULL NAME Benjamin R. Williams

(a) RESIDENCE NO. 2101 Penrose Ave St. ..... WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-8-35

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | | | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benjamin F. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Virginia Oman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Benjamin Williams (Address) 2101 Penrose Ave

15 Filed ..... 19 ..... By ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20-35

17 I HEREBY CERTIFY, That I attended deceased from 7-20, 1935, to 7-20, 1935 that I last saw him alive on 7-20, 1935 and that death occurred, on the date stated above, at 8:05 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Frequency of Urine

Edema of Face & Limbs

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical examination

(Signed) Geo. C. Jenkins M. D.

19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 7/22/1935

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Dr Wice 920 St Paul

F 14600 F 14600

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Preastman St., 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Baranofsky

(a) Residence: No. 2224 Preastman St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pesah Baranofsky

6. DATE OF BIRTH (month, day, year) 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 85 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. J. Levin (Daughter)
(Address) 2224 Preastman

18. BURIAL, CREMATION, OR REMOVAL
Place Nether Mt. Carmel Date 7-22- 1935

19. UNDERTAKER Jack Levin Inc.
(Address) 1437 E. Balto. St.

20. FILED 22 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17 1935 to July 22 1935

I last saw h[illegible] alive on July 21 1935 Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1915? |
| Bronchopneumonia | 3 days |

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Louis E. Wice M. D.

(Address) 920 St. Paul St.

M. D. B. 1268-9

14601 ✓ F 14601

# 14601 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Bouldin St. St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOSEPH ALTVATER

(a) Residence: No. 810 S. Bouldin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Altvater

6. DATE OF BIRTH (month, day, year) June 4, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 84 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Conrad Altvater

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Julia Pfannenschmidt

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs. Elizabeth Altvater
(Address) 810 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date July 24. 1935
Place

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

FILED ... 19 ...
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Other contributory causes of importance: Senility | |

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) A. M. Wright Coroner, M. D.

(Address) 101 S. Eden St.

M. D. B. 1268-9

✓ F 14602

F 14602

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sisson

(a) Residence: No. Sinai Hospital St., 3519 Fairfield Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | ✓ | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Dwight Sisson

14. BIRTHPLACE (city or town) (State or country) Dumfries, Va

MOTHER

15. MAIDEN NAME Evelyn Mulligan

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT (Father)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date July 22, 1935

19. UNDERTAKER J. G. Krause for

(Address) 1054 Conover St

Funeral for Williamsburg, Va

JUL 22 1935

(Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/18/35, 19..., to 7/20/35, 19...

I last saw h/m alive on 7/20/35, 19... Death is said to have occurred on the date stated above, at 11:18 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | (Primary) |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Diener, M. D.

(Address) Sinai Hospital

14603

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14603

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hosp St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 37 yrs. ..... mos. ..... ds.

2. FULL NAME Benedetta Mary Anna Liberturo
If U. S. Veteran specify WAR .....

(a) Residence: No. 1218 N Caroline St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ignatius

6. DATE OF BIRTH (month, day, year) Nov 28-1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Eulalia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances Cerquone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Eulalia
(Address) 1218 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 23 1935

19. UNDERTAKER Martin H. E. Dippel
(Address) 27 S. Ann St.

JL 22 1935 19 .....
Registrar.

Lilly Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17 1935 to July 19 1935

I last saw her alive on July 19 1935. Death is said to have occurred on the date stated above, at 10.40 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia Bronchitis | July 14 '35 |
| | |
| | |
| | |
| Other contributory causes of importance: Bronchopneumonia | July 16 |
| Myocardial failure | July 16 |

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Ch. Labor Artigiani

(Signed) 2942 Fayette St. M. D.

(Address)

M. D. F 1263-9 F 14604 ✓ F 14604

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

★ 79-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte May Cavey

(a) Residence: No. Stevens Ave St., Ward. Arbutus

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 6, 1931

7. AGE: Years 4 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William C. Cavey

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary E. Miller

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William C. Cavey

Stevens Ave. Arbutus

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date July 23 1935

19. UNDERTAKER: Easton Sons

(Address) Catonsville Md.

20. FILED: July 22 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1.15 P. m.

The principal cause of death and related causes of importance were as follows:

Convulsions following Cardiac weakness

Date of onset

Other contributory causes of importance: Acute Pneumonia with Meningeal involvement

Name of operation — Date of

What test confirmed diagnosis? Convulsions & Heart failure Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

M. D. 3 1268-9

F 14605

F 14605

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sealing Sanitarium 25 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John James Jackson
(a) Residence: No. Maple Ave St., Ward Catonsville
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —
7. DATE OF BIRTH (month, day, year): Jan. 13, 1851
8. AGE: Years 84 | Months 6 mo | Days 8 7 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month, year): 1910
11. Total time (years) spent in this occupation: 12
12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER
13. NAME: Leonhill Jackson
14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER
15. MAIDEN NAME: Rachel Hastings
16. BIRTHPLACE (city or town) (State or country): Yorkcounty

17. INFORMANT: Mrs. Rebecca Iddings Small
(Address) 600 Nottingham Road.
18. BURIAL, CREMATION, OR REMOVAL.
Place Woodside Cem Date July 24, 1935
19. UNDERTAKER: Easton & Sons
(Address) Edmondson Ave
20. Date 22 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to July 20, 1935
I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 12 15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Arteriosclerosis | ? |
| Other contributory causes of importance: Myocarditis | ? |

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm Gerber Fort, M. D.
(Address) Catonsville, Md

F 14606 ✓ F 14606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2667 Edmondson Ave. St., 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Pauline Jendrek,
(a) Residence: No. 2667 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Jendrek,

6. DATE OF BIRTH (month, day, year) March 2, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 4 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME John Westphals,
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Florentine Becker,
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Jendrek
(Address) 2667 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL JUL 23 1935
Place Holy Redeemer Cem. Date

19. UNDERTAKER Geo N Settle
(Address) 2700 Edmondson Ave

20. Filed JUL 22 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 20 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to July 20 1935
I last saw h alive on July 20 1935 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Senile Marasmus | 1934 |
| | |
| | |
| | |
| Other contributory causes of importance Chronic Nephritis | 1933 |
| Arteriosclerosis | 1933 |

Was an operation performed? Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P. F. Kenehan M.D.
(Address) 1 E Read St

F 14607

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14607

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 70 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Pesarcik

(a) Residence: No. 512 N. Elwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) Not known

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 ? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Soplisz ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 23 1935

19. UNDERTAKER Smith Coach Co

(Address) 1400 Eutaw

20. FILED JUL 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1935 to 7/20, 1935

I last saw h~~im~~ alive on 7/20, 1935 -Death is said to have occurred on the date stated above, at 6 30/2 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | ? |
| Myocardial insufficiency ? | (?) |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 14608 ✓ F 14608

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 E. Monument St Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie May Ward

(a) Residence: No. 1645 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced (or) WIFE of Samuel Ward

6. DATE OF BIRTH (month, day, year) Aug 15. 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 40 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic C-70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family C-70

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Wm. Ward
(Address) 1645 E. Mon. St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date July 22 1935

19. UNDERTAKER Robt. T. Williams
(Address) 1515 Eutaw St

FILED 22 1935 Harrington Williams Asst.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/19 1935 to 7/18 1935

I last saw her alive on 7/17 1935 Death is said to have occurred on the date stated above, at 10.20 m. p

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 6/19/35 |
| Other contributory causes of importance: | |
| chr. interstitial nephritis | ? |
| arterio-sclerosis | ? |

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wayne Thomas M. D.

(Address) 1500 E. Monument St

M. D. B 1268-9

F 14609

F 14609

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # I709 Wickes Ave, Morrell Park)

Length of residence in city or town where death occurred 58 yrs. II mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Brown

(a) Residence: No. # I709 Wickes Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | divorced |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 58 | II | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Cirley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Sarah L Grap
(Address) # I709 Wickes Ave Morrell Pk

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/ 23/ 1935

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

2 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/ 20 / 1935.

22. I HEREBY CERTIFY, That I attended deceased from July 17th 1935 to July 20 1935

I last saw him alive on July 19 1935 Death is said to have occurred on the date stated above, at 2.15 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexia (Rt. Side) | |
| Other contributory causes of importance: High Blood Pressure Arterio-Sclerosis. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave

M. D. P. 1268-9

✓ F 14610

14610

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby (boy) Green

(a) Residence: No. 112 Monroe Court, Curtis Bay. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7 - 20 - 35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gary S Green

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Margaret Hart

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Green

(Address) Curtis Bay - 112 Monroe Court

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date July 22 1935

19. UNDERTAKER .....

(Address) .....

22 1935 Huntington Williams, N.D. Registrar.

1588

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 22 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 20 - 1935 to 7 - 22 - 1935

I last saw h[illegible] alive on 7 - 22 - 1935 Death is said to have occurred on the date stated above, at 2 9 m.

The principal cause of death and related causes of importance were as follows:

Marasmus Congenital debility with large head and small features. Delivered by Dr Hull Co

Date of onset 7-20

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Comey M. D.

(Address) Vol. Hospital

M. D. F 1268-9

F 14611

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14611

## CERTIFICATE OF DEATH

+175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles N. Southard

(a) Residence: No. 640 K St NW Washington Ward. D. C.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed, or~~ Divorced (write the word)

6a. If ~~married, widowed, or~~ divorced, HUSBAND of (~~or WIFE of~~) Virginia Southard

6. DATE OF BIRTH (month, day, year) Aug 30th 1890

7. AGE — Years: 44 — Months: 10 — Days: 20 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Madison Co Va

FATHER

13. NAME Columbus Southard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Weakley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Southard
(Address) 2363 R. I. Ave NE Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date July 24 19 35

19. UNDERTAKER Wm Chambers
(Address) 22 V St NW Washington D.C.

20. FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20/35 19

22. I HEREBY CERTIFY, That I attended deceased from January 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Fracture of Skull | 7/20/35 |

Other contributory causes of importance:
Struck by fist of Walt. Boyd, Hallcharp.

Name of operation Fracture Skull Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury July 20

Where did injury occur? Washington Blvd & Spring
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury struck by fist of another man

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H Chillcoat M. D.
Coroner

(Address) 1939 Edmonson Ave

M. D. D 1268-9 Coroner Phillips Edmondson Ave F 14612

4612

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Lauretta Av 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Undutch

(a) Residence: No. 2332 Lauretta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Mary K Undutch

6. DATE OF BIRTH (month, day, year) Jan 22nd 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 6 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as ~~silk mill~~, saw mill, bank, etc. ~~Knitting~~ Insulator

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Nicholas Undutch

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emeline Parks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Gaglione

(Address) 2332 Lauretta Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a. g. Co Date July 25th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 27 1935 Arlington Hill Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd, 1935

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, 3:8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia followed by coma. | 7/21/35 |
| Chronic nephritis | |
| Myocarditis | |
| Gradual weakness | |

Other contributory causes of importance:

for two weeks. Last

has been feet has Pain

Name of operation Coma & Heart failing Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

4613 F 14613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Elizabeths' Home St., 9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Herman Adolph Pipes (PIPES) If U. S. Veteran specify WAR.....

(a) Residence: No. St Elizabeths' Home St., .....Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | negro | |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 2 | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Juanita Pipes

16. BIRTHPLACE (city or town) Not known (State or country)

17. INFORMANT Mother Informant

(Address) St Elizabeths Home

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 22nd, 1935

19. UNDERTAKER [illegible]

(Address)

22 1935 Huntington Williams, M.D. Registrar.

1389

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to July 20, 1935

I last saw h.. alive on July 20 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Entero-colitis | 6 days |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

H. D. B 1268-9

E 14614

4614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bells City Hospital St. 76 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Edward Peterson

(a) Residence: No. Unknown (Soldiers Army?) St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Unknown |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| about 77 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date July 22, 1935

19. UNDERTAKER

(Address)

20. FILED July 22 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| hypostatic pneumonia | July 1 |
| Other contributory causes of importance: chronic alcoholism + fracture neck of humerus left | May 9 |

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 9, 1935

Where did injury occur? Federal Hill Park Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury fell while running away from Police

Nature of injury Fracture neck of left humerus

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. H. Wright M. D. Coroner

(Address) 161 E. Saratoga St.

15590

D. B 1268-9

14615 F 14615

# HEALTH DEPARTMENT—CITY OF BALTIMORE

34-E

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 W. Mulberry St., 17 Ward)

Length of residance in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Irene Brown

(a) Residence: No. 744 W. Mulberry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | Col | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Md Date July 22, 19

19. UNDERTAKER
(Address)

22 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6.45 a.m. A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral and Spinal Syphlis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) [signature] M. D.

(Address) 2737 W. Lombard Coroner

M. D. B. 1268-9

✓ F 14616

14616

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Kucinski

(a) Residence: No. Sinai Hosp. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | S |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, Md.
(State or country)

FATHER

13. NAME Casimer Kucinski

14. BIRTHPLACE (city or town) Balto, Md.
(State or country)

MOTHER

15. MAIDEN NAME Anna Ziolkowski

16. BIRTHPLACE (city or town) Balto, Md.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place University of Md. Date July 22 19 35

19. UNDERTAKER .....
(Address)

22 1935 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to July 20 1935
I last saw h.[illegible] alive on July 20 1935 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Dreyer M. D.

(Address) Sinai Hospital

F 14617

F 14617

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 02 ds. How long in U. S. If of foreign birth? 78 yrs. 8 mos. 28 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Lilia May Temple

(a) Residence: No. Seaford Del. (since 5/10/1934) St. ..... Ward. Seaford Del. since 5/10/34

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 23 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Andrew J. Holway

14. BIRTHPLACE (city or town) (State or country) Near Seaford Delaware

MOTHER

15. MAIDEN NAME Kate Griffith

16. BIRTHPLACE (city or town) (State or country) near Seaford Delaware

17. INFORMANT Mrs L. L. Temple (friend) (Address) Danville Va.

18. BURIAL, CREMATION, or REMOVAL. Place Loudon Park Date July 23 1935

19. UNDERTAKER Steuart Motor Co. (Address) 108 W. Lexington Ave.

22 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19 1935 to July 21 1935

I last saw h... alive on July 21 1935 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction due to post-operative adhesions — Date of onset .....

Other contributory causes of importance:

Myocardial failure

Was an operation performed? Yes Date of 7-20-35

For what disease or injury? Intestinal obstruction

Name of operation Release of adhesions Date of 7-20-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Barnes M. D.

(Address) Maryland General Hosp.

14618 F 14618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bernard Stern Merriman

If U. S. Veteran specify WAR

(a) Residence: No. 3327 Beech ave St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F Merriman

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Maud Hillmis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Maud Merriman
(Address) 3327 Beech ave

18. BURIAL, CREMATION, OR REMOVAL
Interment Hampden Date July 23 35

19. UNDERTAKER Walter Sheip
(Address) 134 E Lanvale Ave

20. FILED 7 22 1935 Harrington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1935 to 7-22, 1935

I last saw him alive on 7-22, 1935 Death is said to have occurred on the date stated above, at 8:44 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia - bilateral | 7-21-35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Diarrhea, cause unknown | 5-22-35 |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. M. Copeland M. D.
(Address) Union Memorial Hosp.

14619 ✓ F 14619

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 25 Ward)

Length of residence in city or town where death occurred? ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lancaster

(a) Residence: No. 7th St. Brooklyn, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Lancaster

6. DATE OF BIRTH (month, day, year) Mar 3, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Md.

FATHER

13. NAME Wm. Lancaster

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Balto. City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date July 23 1935

19. UNDERTAKER F. B. Richardson
(Address) 20 E. Eutaw St.

22 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1935 to 7-20-1935

I last saw him alive on 7-19-1935 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Carcinoma of Prostate ? | |
| b Metastatic Carcinoma of Pelvis | |
| Other contributory causes of importance: Bronchopneumonia ? | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray of Pelvis Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Balto. City Hospt

M. D. B. 1268-9

14620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14620

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5308 Maple Ave., St. 37 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madeline W. Tammaro

(a) Residence: No. 5308 Maple Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Tammaro

6. DATE OF BIRTH (month, day, year) Dec. 10, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME J. A. Benner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. J. A. Benner

(Address) 5308 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 7/23/1935

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED 7-22 1935 Washington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to July 21, 1935

I last saw h[illegible] alive on July 21, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | — |

Other contributory causes of importance:

Name of operation ..... Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles J. Wells, M. D.

(Address) 5276 Park Heights Ave

. D. B 1268-9

F 14621

4621

# HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Belle Seldner Levi

(a) Residence: No. 3314 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 3, 1926

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 8 | 10 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Philip Levi

14. BIRTHPLACE (city or town) (State or country) New York, N.Y.

15. MAIDEN NAME Evelyn Seldner

16. BIRTHPLACE (city or town) (State or country) New York, N.Y.

17. INFORMANT Mr. Philip Levi
(Address) 3314 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date July 24 19 35

19. UNDERTAKER Harry Goodman & Son
(Address) 1902 Eutaw Place

20. FILED [illegible] 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub-dural hemorrhage—7 | |
| Undetermined origin.—7 | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul Rheuben, M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. P. 1268

F 14622

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14622

## CERTIFICATE OF DEATH

Registered No. 98

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Darnall

(a) Residence: No. 1740 Garrison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Phillip Darnall

6. DATE OF BIRTH (month, day, year) 6-8-1892

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Helton

14. BIRTHPLACE (city or town) (State or country) Calvert County

MOTHER

15. MAIDEN NAME Amelia Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co

17. INFORMANT Phillip Darnall

(Address) 1740 Garrison Av

18. BURIAL, CREMATION, OR REMOVAL
Place Brewer Hill Cemetery Date 7/23 1935

19. UNDERTAKER Wm. A. Jackson

(Address) 916 Penna ave

FILED Lexington Building, Nov 23 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-7-35 1935 to 7-20-35 1935 Death is said I last saw her alive on 7-20-35 1935 to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 7-12-35 |
| Arteriosclerosis | Unknown |
| | 1930 |
| Other contributory causes of importance: Gangrene Rt. foot | Unknown |
| | |
| | Rt. foot |

Name of operation Amputation of Rt. Leg below Knee Date of 7-19-35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. L. Brund M. D.

(Address) Provident Hospital

M. D. B. 12054 F 14623 F 14623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Baltimore, Md

CITY OF BALTIMORE: (No. 1911 Druid Hill Ave St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Dennis Hall

(a) Residence: No. 1911 Druid Hill Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Martha E. Hall

6. DATE OF BIRTH (month, day, year) August 18, 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Express business

10. Date deceased last worked at this occupation (month and year) July 1929

11. Total time (years) spent in this occupation 46 odd

12. BIRTHPLACE (city or town) (State or country) Calvert County, Md

FATHER

13. NAME Mr. Dennis Hall Sr

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md

MOTHER

15. MAIDEN NAME Unknown (Lettie Smith)

16. BIRTHPLACE (city or town) (State or country) Calvert County, Md

17. INFORMANT Miss I. A. Hall

(Address) 1911 Druid Hill Ave. Balto, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/23/ 35

19. UNDERTAKER Frances A. Hemsley

(Address) 544 W. Biddle St.

20. FILED 7/23 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1935 to July 19, 1935

I last saw him alive on July 19, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Renal | 1-3-35 |

Other contributory causes of importance:

Arteriosclerosis

Senility

Name of operation None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [illegible] M. D.

(Address) 2145 Druid Hill Ave.

M. D. F. 1869 F 14624

F 14624

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME DOLLIE LAIRD

(a) Residence: No. TANGIER ISLAND, VA St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | MARRIED. |

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of HOLLIE LAIRD

6. DATE OF BIRTH (month, day, year) NOV 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 38 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) TANGIERS ISLAND VA

FATHER

13. NAME ELIJAH CROCKETT

14. BIRTHPLACE (city or town) (State or country) MD

MOTHER

15. MAIDEN NAME SADIE ?

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT HUSBAND
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Md Date July 25 1935

19. UNDERTAKER W. J. Tuckman
(Address) Crisfield Md

20. FILED 23 1935 ~~Washington, D. C.~~ Crisfield, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1935, to 7-22, 1935

I last saw her alive on 7-22, 1935 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis of face | 7-17-35 |
| Lateral sinus thrombosis | 7-17-35 |
| Streptococcus meningitis | 7-20-35 |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis D. Schweather, M. D.

(Address) Sydenham Hospital

F 14625

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14625

51-C

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Maryland Gen'l. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. William Henry Jones

(a) Residence: No. 3302 W. Mulberry St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Martha E. Jones.

6. DATE OF BIRTH (month, day, year) July 14, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 00

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Ogariah Jones

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md. U. S. A.

MOTHER

15. MAIDEN NAME Mathilda Price

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md. U. S. A.

17. INFORMANT (Address) John D. Jones 3510 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Park Date July 24 1935

19. UNDERTAKER (Address) Wm. J. Fickenscher & Sons 1 Monroe Place

20. FILED Huntington & Williams, Registrar

7-23-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15-35, 1935, to 7-22, 1935

I last saw h.IM alive on 7-22-, 1935. Death is said to have occurred on the date stated above, at 9:58 A.m.

The principal cause of death and related causes of importance were as follows: Carcinoma of Prostate — Date of onset .....

Other contributory causes of importance: Senility

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Barnaby M. D.

(Address) Maryland General Hosp.

F 14626

M. D. B. F38-9 F 14626

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Frederick Ave St., 20 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Ida Brashear

(a) Residence: No. 2919 Frederick Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Brashear

6. DATE OF BIRTH (month, day, year) June 23 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | — | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick, Co. Md

FATHER

13. NAME Christopher Bowers

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Andrew J. Brashear
(Address) 2919 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 24. 1935

19. UNDERTAKER John F. Denny
(Address) 710 Light St

20. FILED JUL 23 1935 Huntington for Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21 1935

I HEREBY CERTIFY, That I attended deceased from March 9 1933 to July 21 1935

I last saw her alive on July 13 1935. Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolus | Sudden |
| Arteriosclerosis Generalized | 1933 |
| Hypertension Malignant | 1933 |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Hemorrhage | March 9. 1933 |

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elred W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. B. 1268-9

E 14627

F 14627

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs Dora Hafer

(a) Residence: No. 614 E. ~~East~~ St. Sparrows Pt Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Hafer

6. DATE OF BIRTH (month, day, year) Feb 15, 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 38 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Samuel Hamilton

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT David Hafer

(Address) 614 East E. St. Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 24, 1935

19. UNDERTAKER John H. Penny

(Address) 715 Light St

20. Filed ~~July~~ 23 1935 ~~E. for Williams~~ Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to July 21, 1935

I last saw her alive on 7/21/35, 19.. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendicitis (Gangrenous) | 7/19/35 |
| Other contributory causes of importance: Peritonitis | |

Name of operation Appendectomy Date of 7/21/35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. A. Sedlacek, M. D.

(Address) Bon Secours

M. D. B 1263-9

F 14628

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14628

## CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Memorial Hosp. Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anita McCloskey Kral

(a) Residence: No. 3101 Jurnean Pl St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kral

6. DATE OF BIRTH (month, day, year) Sept 28, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 10 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna

13. NAME Frank McCloskey

14. BIRTHPLACE (city or town) Phila, Pa
(State or country)

15. MAIDEN NAME Rose Mariey?

16. BIRTHPLACE (city or town) Phila, Pa
(State or country)

17. INFORMANT Frank Kral

(Address) 3101 Jurnean Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 7/24/35 19

19. UNDERTAKER Jno. J. Tietjen & Sons

(Address) Pratt & Pennsylvania Ave

DATED 7/23 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on July 21 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw Dickinson Coroner, M. D.

(Address) Coroner

F 14629

14629 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-c

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2500 Ken Oak Road St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ——

2. FULL NAME James L. Barton

(a) Residence No. 2500 Ken Oak Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Irene Eichelberger BARTON

6. DATE OF BIRTH (month, day, year): Aug. 30-1858

7. AGE: Years 76 | Months 10 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal & Wood
10. Date deceased last engaged at this occupation (month or year): Retired 5 years
11. Total time (years) at this occupation: ——

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER
13. NAME: Stephen Barton
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Rebecca Barnhart
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. James L. Barton
(Address): 2500 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: July 23 1935

19. UNDERTAKER: Horace F. Burger
(Address): 363 Baille Road Huntington Tidewater, Md.

JUL 23 1935 . 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21 1927 to July 21 1935
I last saw him alive on July 20 1935 Death is said to have occurred on the date stated above, at 6A M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis - myocardial degeneration | 2 yrs |
| Other contributory causes of importance: Cardiac decompensation. | |

Was an operation performed? no Date of .....
For what disease or injury? no
Name of operation ..... Date of .....
What test confirmed diagnosis? Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 .....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) W. R. Smith M. D.
(Address) 3429 Chestnut Ave

L. D. F 1268-9

14630

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14630

## CERTIFICATE OF DEATH

✓ 175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital 15 Ward)

Length of residence in city or town where death occurred ....yrs.. mos.... ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Henry Colbert

(a) Residence: No. 1335 Woodyear St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colrd | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, year) Unknown

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| about 41 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

13. NAME James Henry Colbert

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co. Md.

15. MAIDEN NAME Jane Bowden

16. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

17. INFORMANT Robert Colbert (Nephew)

(Address) 1335 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 22 1935

19. UNDERTAKER

(Address)

FILED 23 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | |
| Other contributory causes of importance: Fractured ribs | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Homicide Date of injury June 12 1935

Where did injury occur? Bolton Md 1400 School Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury fell across a curbstone (in a fight)

Nature of injury fractured ribs.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

I. D. B 1268-9

F 14631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14631

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Lou Matthew No Record

(a) Residence Hampton Apts M. E. Church St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, Divorced~~ (Write the word): Widowed

6. If ~~married, widowed, DIVORCED~~ (or) WIFE of: Wm V. Matthew

7. DATE OF BIRTH (month, day, year): June 28th 1848

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 87 | 0 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Felix Gruber

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

15. MAIDEN NAME: Louisa Coyle

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Effa Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 23rd 1935

19. UNDERTAKER: Wm Cook

(Address) 917 St Paul St

I. D. B. JUL 23 1935. 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured hip | |
| Other contributory causes of importance: Very old & debilitated | |

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 16, 1935

Where did injury occur? Home of Rev. Geo. M. E. Church (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home of Rev. Geo. M. E. Church

Manner of injury: Fell

Nature of injury: Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. Klapp Coroner, M. D.

(Address) 1216 Hanover

Spec.—6-9-19—B. P. Co.—1000 Blks.

F 14632 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14632

CERTIFICATE OF DEATH. 50

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 5020 Belair Road (27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida L. Kerns

(a) RESIDENCE. No. 5020 Belair Road WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? If U. S. Veteran No

Enough War [illegible]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or Divorced (write the word): Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of: Bernard J. Wells

6 DATE OF BIRTH (month, day, and year): July 31st 1864

7 AGE: Years 70 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: County Wilmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

14 Informant (Address): Mary Kerns 5020 Belair Rd

15 Filed [illegible] 23 1935, 19 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21st 1935

17 I HEREBY CERTIFY, That I attended deceased from 3-17, 1935, to 7-21, 1935, that I last saw her alive on 7-21, 1935, and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Wells, M. D.

, 19 (Address) 1510 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: July 24th 1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

M. D. R. 1268-9

F 14633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14633

## CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 White Ave. St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Roff

(a) Residence: No. 3403 White Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Alice Stull

6. DATE OF BIRTH (month, day, year) Nov. 1 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 68 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John N. Roff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Alice Roff
(Address) 3403 White Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date July 23 1935

19. UNDERTAKER Martin Ashes & Sons
(Address) 1615 N. North Ave.

20. FILED JUL 23 1935, 19 Huntington Williams, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 19.. to July 21, 1935

I last saw h... alive on July 20, 1935. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cystitis | 1926. |
| Chronic Nephritis | |
| Other contributory causes of importance: | |
| Heart disease | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) ..... M. D.

(Address) .....

F 14634

H. D. B. 1268-9

F 14634 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-1 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2753 Chesterfield Ave St., ..... Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara T. Novak

(a) Residence: No. 2753 Chesterfield Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

6a. If married, widowed, or divorced (or) WIFE of: Joseph F Novak

6. DATE OF BIRTH (month, day, year) 12-19-1867 ?

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 ? | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs Barbara Lapchan

(Address) 2753 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL: Harry E Greene Co Date 7/27 19 35

19. UNDERTAKER: Leonard J Bright Jr

(Address) 1705 Harford Ave Washington Hill, Md

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-20 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 18 19 35 to July 20 19 35

I last saw h... alive on July 20 19 35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 2 Days |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chr. Endocarditis | ? |
| Hypertension | ? |
| Arteriosclerosis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Gaskin M. D.

(Address) 11 E Hoffman

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14635 F 14635

## CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Ford-Smith-Forrester

(a) Residence: No. 101 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wesley Forrester

7. DATE OF BIRTH (month, day, year) March 5 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 62 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron 0970

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Patten Park Nursing Home

10. Date deceased last worked at this occupation (month and year) July 20

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Daniel Worster

14. BIRTHPLACE (city or town) (State or country) Cabra G. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT David Ford (Son)
(Address) 101 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Oaklawn Date 7/24, 1935

19. UNDERTAKER Leonard Keech
(Address) 1305 Harford Ave.

20. FILED 7/29 1935, 19... Huntington Millares, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | July 20 |

Other contributory causes of importance:

Probably arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) 1310 S. Edmondson Ave.

N. D. B. 1268-9

F 14636

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14636

## CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Gettier

(a) Residence: No. 302 Westfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) July 14th 1935

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 34 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edmund Gettier

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louise Vellemer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edmund Gettier

(Address) 302 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 24 1935

19. UNDERTAKER Leonard J. Rock

(Address) 530 Hartford Rd.

Huntington Pharmacy, Inc.

19 Registrar.

FILED AUG 3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14th 1935 to July 22nd 1935.

I last saw her alive on July 22 1935. Death is said to have occurred on the date stated above, at 7:35 P m.

The principal cause of death and related causes of importance were as follows:

Icterus neonatorum

gravis due to stenosis

of common bile duct.

Date of onset

Other contributory causes of importance:

Jaundice.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Murray M. D.

(Address) 1 East Chase Street

H. D. B. 1268-9

F 14637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14637

## CERTIFICATE OF DEATH

X 122-A

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Ann Davey Callahan

(a) Residence: No. Wallingsby Road St., .....Ward. Parkville Md.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed or divorced (or) WIFE of Patrick J. Davey

DATE OF BIRTH (month, day, year) November 22, 1876 1876 November

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 58 | 8 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Canann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patrick J. Davey

(Address) Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 25 1935

19. UNDERTAKER Leonard J. Clyck

(Address) 5305 Harford Rd.

20. FILED JUL 23 1935, 19..... Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Ventral Hernia | 1 day. |
| | |
| | |
| | |

Other contributory causes of Importance:

| | |
|---|---|
| Shock – Cardiac Failure | |

Name of operation Herniaplasty Date of 7/22/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

✓ F 14638

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14638

## CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 W 36th St. St., 13 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie M. Weaver.

(a) Residence: No. 1507 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced WIFE of George W. Weaver.

6. DATE OF BIRTH (month, day, year) June 16, 1854.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 81 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Vann.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT George W. Weaver husb.
(Address) 1507 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Made Poplar Bal to Co md. Date July 24, 1935

19. UNDERTAKER Chenowet & Son.
(Address) 3615-17 Harford Ave

Huntington Williams
Registrar.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 22, 1935

I last saw her alive on July 21 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Skin) with Metastasis | 1933 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas A Carlin M. D.

(Address) 2145 N Bolto St

F 14639

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR —

2. FULL NAME Mrs Tillie Henry

(a) Residence: No. 2817 Barnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Henry.

6. DATE OF BIRTH (month, day, year) Oct 22 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 55 or 56 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henely Milton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Matilda Grubbs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Pauline Shanklyn.
(Address) 2817 Barnard St.

18. BURIAL, CREMATION, OR REMOVAL
Hollywood Va. Date July 24, 1935

19. UNDERTAKER Thomas J. Kelly
(Address) 3615 Huntington Ave

Huntington Williams, Registrar.

20. FILED JUL 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5 P.M. July 20, 1935 to 5:40 P.M. July 21, 1935

I last saw h[illegible] alive on July 21, 1935 Death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia Rt. | 2/19/35 |
| Uremia due to acute nefritis | 2/19/35 ? |

Other contributory causes of importance:
arteriosclerosis general
Hypertensive Heart Disease auricular Fibrillation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Pneumococcus Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

M. D. (Signed) Wm Copeland

(Address) Union Memorial Hosp.

F 14640

# HEALTH DEPARTMENT—CITY OF BALTIMORE

301662

## CERTIFICATE OF DEATH

141-931

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneva Jeffers

(a) Residence: No. 406 N. Durham St., X Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Finney

6. DATE OF BIRTH (month, day, year) 1903 ?

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 32 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Meadow

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cretta Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 22 1935

19. UNDERTAKER Paul F. Williams

(Address) 1515 Mc Culloh St

20. FILED 19.....

JUL 22 1935 A. E. Lyon for Williams Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July-13, 1932 to July-20, 1935.

I last saw her alive on July 20, 1935. Death is said to have occurred on the date stated above, at 335 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | 1931 |
| Myocardial Failure | July 10, 1935 |
| Other contributory causes of importance: | |
| Spontaneous complete abortion | July 16, 1935 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wood B. Aleon M. D.

(Address) Johns Hopkins Hospital

OK Surg. C. Allen Jas Brownsdale

F 14641

F 14641

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ....., .....

2. FULL NAME Nelson Kuehne

(a) Residence: No. 1807 N. Port St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 30 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 5 | yrs. | 5 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Carl Kuehne

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Naomi Michael.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT (Address) Mother 1807 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date July 24, 1935

19. UNDERTAKER (Address) John Ulrich 2007 Eastern Ave.

Huntington Williams, M.D. Registrar.

FILED JUL 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935, to July 21, 1935.

I last saw him alive on July 21, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease | ? |
| | |
| | |
| | |
| Other contributory causes of importance: none | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. Grafton Kerfoyer M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

✓ F 14642

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14642

## CERTIFICATE OF DEATH

+ 145-a - 93 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Hawkins

(a) Residence: No. Elkridge, Md. St., Ward. Elkridge Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hawkins

6. DATE OF BIRTH (month, day, year) Feb 17-1898

| 7. AGE | Years | Months | Days | If LESS than 1 dny, ..... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 37 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hale Thorpe Va.

FATHER

13. NAME Spencer Patterson Va

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jean ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Hankins

(Address) Race Road Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Md Iron Cmty Date July 23rd 1935

19. UNDERTAKER Bros. Geo. E. Harman

(Address) 201 Dugan Building

Huntington Williams, M.D.

19 ... Registrar.

3 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935 to July 20, 1935

I last saw h[illegible] alive on July 20, 1935. Death is said to have occurred on the date stated above, at 12.25 PM

The principal cause of death and related causes of importance were as follows:

puerperal sepsis — Date of onset 7/15/35

myocardial failure — 7/17/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) University Hosp

M. D. B 1268-9 F 14643 ✓ F 14643

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Brentwood Ave St., 17 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Johnson

(a) Residence: No. 3304 Brentwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Johnson

6. DATE OF BIRTH (month, day, year): Mar. 31, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 45 | 4 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

13. NAME: John McCormick

14. BIRTHPLACE (city or town) (State or country): Frederick Maryland

15. MAIDEN NAME: Eliza Johnson

16. BIRTHPLACE (city or town) (State or country): Frederick Maryland

17. INFORMANT: Elinor Johnson

(Address) 3304 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date July 23, 1935

19. UNDERTAKER

(Address)

Huntington Williams Inc

FILED ... 1935 ... Registrar

1596

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/17, 1935, to 7/22, 1935

I last saw h[illegible] alive on 7/19, 1935. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant Tumor (Chest) | 7 |
| Other contributory causes of importance: Anemia | 7 |

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jno. D. Juliano Jr. M. D.

(Address) 434 E 23rd St.

F 14644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14644

## CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR.....

2. FULL NAME Ella Easley

(a) Residence: No. 530 Johnson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 3/1/73

7. AGE: Years 62 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

13. NAME: George Goode

14. BIRTHPLACE (city or town) (State or country): Va.

FATHER

15. MAIDEN NAME: Martha ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Daughter Leslie Thomas
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date July 25 1935

19. UNDERTAKER: John H Owens
(Address) 5-9 S Dallam St Huntingtown Hillcrest, MD

Registrar

23 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/9, 1935 to 7/21, 1935

I last saw her alive on 7/21, 1935 Death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset 6 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 14645 F 14645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Miller. If U. S. Veteran specify WAR .....

(a) Residence: No. Curtis Creek, Curtis Bay Md. 2121 Hanover Pk Road

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3/21/87

8. AGE: Years 48 | Months 4 | Days | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME Sally Pyers.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Relative

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mosley Churchyard Date July 23 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E. Chase St Huntington Williams, Inc.

20. FILED JUL 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1935 to 7/21, 1935

I last saw him alive on 7/21, 1935 Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4 days

Other contributory causes of importance:

Cerebral hemorrhage (?) — 4 wks

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Baltimore City Hosp.

M. D. B. 1935 F 14646 F 14646

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 N. Morley St. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna Hanft

(a) Residence: No. 12 N. Morley St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late George Hanft

6. DATE OF BIRTH (month, day, year) Jan. 15, 1859.

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| ✓ 75 | 6 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Horr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances Fesler

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mr. Robert B. Hanft

(Address) 1246 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 23, 1935

19. UNDERTAKER Harry A. Heintze

(Address) 4101 Edmondson Ave.

20. FILED July 23 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 35

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935, to July 20 1935

I last saw h.. alive on July 19 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | March 1934 |
| Nephritis Chronic Pyelonephritis | 1932 |
| Cerebral Hemorrhage | 1932 |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis General | 1932 |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Elliot W. Johnson M. D.

(Address) 343 S. Broadway

F 14647

F 14647

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Fred Collins.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869.

7. AGE: Years 66; Months; Days; If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1915

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Syracuse

13. NAME Fred Collins

14. BIRTHPLACE (city or town) (State or country) Syracuse

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 23, 1935

19. UNDERTAKER
(Address)

JUL 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1933 to 7/20, 1935

I last saw him alive on 7/20, 1935 Death is said to have occurred on the date stated above, at 2 45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Senility | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

M. D. P. 1268-9

14648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Waldschmidt

F 14648

## CERTIFICATE OF DEATH ✓ 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2943 Belmont Ave St., Har Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ruzicka

(a) Residence: No. 2943 Belmont ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Ruzicka

6. DATE OF BIRTH (month, day, year) June 17-1867

7. AGE — Years 68 | Months 1 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Radnic Bohemia

FATHER

13. NAME Vaclov Ruzicka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Carline Zelenka

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Barbara Ruzicka

(Address) 2943 Belmont ave

18. BURIAL, CREMATION, OR REMOVAL

Dale Hill July 24-1935 19

19. UNDERTAKER August C. Fasbender

(Address) 516 S. Sodeham St

Attington Heights Md

JUL 25 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22/35

22. I HEREBY CERTIFY, That I attended deceased from July 1/35, 19..., to July 22/35, 19...

I last saw him alive on July 21/35, 19... Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Arterio-Sclerosis. | Unknown. |
| Other contributory causes of importance: | |
| Malnutrition. | Unknown |

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Hanau Chas. M. D.

(Address) 936 Hanover st.

F 14649

Spec. 8[illegible] S.—100 Bks.

14649

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Spruce St. ST. 25th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ralph Kettell

(a) RESIDENCE NO. 1811 Spruce ST. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E Kettell

DATE OF BIRTH (month, day, and year) June 8, 1863

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 1 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker Broker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired,

(c) Name of employer Standard Oil

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Kettell

(Address) 1811 Spruce St.

Filed 7-23 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to July 22, 1935, that I last saw h. ~~formalive~~ on July 21, 1935 and that death occurred, on the date stated above, at 6:00 A.m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis & Nephritis. (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of L

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) Hamman Wheeler M. D.

7/22, 1935 (Address) 2910 Bolton Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Oak Lawn Cem | 7/24 1935 |
| 20 UNDERTAKER Edw Loulson | ADDRESS Wash |

14650 ✓ F 14650

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

937

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1512 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewage Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph. Adams

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jeanette Parson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 7/24 1935

19. UNDERTAKER I. F. Mc 6 Lafayette
(Address) 130 E Fayette.

20. FILED 7/23 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1935 to 7/21 1935

I last saw him alive on 7/21 1935 Death is said to have occurred on the date stated above, at 12½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

14651 F 14651

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 N. Pulaski St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. .....

2. FULL NAME Celia Highstein

(a) Residence: No. 1909 N. Pulaski St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Highstein

6. DATE OF BIRTH (month, day, year) 1876

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Joel Steiger

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Bittle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Highstein (Address) 1909 N. Pulaski st

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 7-23 1935

19. UNDERTAKER Jack Levin Inc (Address) 439 E. Baltimore st

20. FILED 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to July 23, 1935

I last saw her alive on July 23 1935. Death is said to have occurred on the date stated above, at 8 00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7-22-35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension arteriosclerosis | Unknown |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Nathan Rogovin M. D.

(Address) 206 S. Gilmor St

M. D. P. 1268-9

F 14652

14652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

52

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Wheeler

(a) Residence: No. 1246 Glyndon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Amelia Wheeler

6. DATE OF BIRTH (month, day, year) Sept 12th 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethl Steel Shipyard Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Wheeler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Seamont

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Amelia Wheeler

(Address) 1246 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/26/35

19. UNDERTAKER John J Cowan & Son

(Address) 1901 Harlem Ave

FILED 23 1935 Arlington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935, to July 23, 1935.

I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 10 23 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of face (st side) | 1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cachexia | July 35 |
| Toxemia | July 35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Simon Stern, M. D.

(Address) St Agnes Hosp.

H. D. B 1268-9

14653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14653

140 - 129

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. General Hospital St., ..... Ward)

Length of residence in city or town where death occurred 28 yrs. 10 mos 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia V. Stauffer

(a) Residence: No. # 732 W. Fayette St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sterling G. Stauffer

DATE OF BIRTH (month, day, year) Aug 29, 1906

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 10 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Hermah Arndt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Priscilla Hutt Atherton and

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Sterling G. Stauffer

(Address) # 732 W. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 7/ 24/ 1935

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED 23 1935 H. Livingston Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on 10 19 19..... Death is said to have occurred on the date stated above, at 9.30 A. M.

The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset

Other contributory causes of importance:

Septicemia caused by self induced abortion.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) A Haury Coroner, M. D.

(Address) 1261 Hanover

pec.—2-29-28—L. F. S.—500 Bks.

14654

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14654

92-a

## CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1749 E. Oliver ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James T. Johnson

(a) RESIDENCE NO. 1749 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | Married |

If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Edward E. Johnson

DATE OF BIRTH (month, day, and year) July 6, 1857

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Theater Door Attendant

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 1936

(c) Name of employer: None

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: James T. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Hurst.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs William Johnson

(Address) 641 N. Kenwood Ave

Filed 23 1935 Huntington Williamson M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 / 35

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to July 23, 1935, that I last saw him alive on July 22, 1935 and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fuchs, M. D.

7/23, 1935 (Address) 1823 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: July 25, 1935

20 UNDERTAKER: Milton Schilling — ADDRESS: 1122 E. Monument St.

M. D. B. 1903 F 14655 ✓ F 14655

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4662 Kernwood Ave. St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph V. Flaherty

(a) Residence: No. 4662 Kernwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Anna C. Flaherty (nee H[illegible])

6. DATE OF BIRTH (month, day, year) Sept. 18, 1861.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 73 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Flaherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Edward H. Flaherty
(Address) 4662 Kernwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 24, 1935

19. UNDERTAKER Harry V. Leitz
(Address) 4101 Edmondson Ave.

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 35

22. I HEREBY CERTIFY, That I attended deceased from June 25th 35 to July 21st 35

I last saw h[illegible] alive on July 20th 35 Death is said to have occurred on the date stated above, at 5 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis | 3/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | 2 |
| | |

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 4101 to 25th 35

M. D. B. Form 9 — F 14656

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 909 E. Mad St., 10 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Meyers

(a) Residence: No. 909 E. Madd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Meyers

6. DATE OF BIRTH (month, day, year) 1912

7. AGE — Years: 23 — Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Marion South Carolina

13. NAME: James Moody
14. BIRTHPLACE (city or town) (State or country): Marion S. C.

15. MAIDEN NAME: Ella Moody
16. BIRTHPLACE (city or town) (State or country): Marion S. C.

17. INFORMANT: Ella Moody
(Address) 909 E. Madison

18. BURIAL, CREMATION, OR REMOVAL
Place: Md. Memory Gar. Date: July 24 1935

19. UNDERTAKER: Mrs. Rose A. Elliott Houghton
(Address) 129 Caroline St.

20. FILED JUL 24 1935 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1935 to 7-21 1935

I last saw her alive on 7-21 1935 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Both Lungs | 6/25 |
| Influenza | 7/1 |
| Origin Unknown | |
| Myocarditis | |

Other contributory causes of importance: Chronic & Prolonged Cancer Uterus Rheumatism

Name of operation: None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas R. Blake M. D.
(Address) 724 Aisquith St.

F 14657 ✓ F 14657

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 73 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth 21 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nick Simich

(a) Residence: No. 2303 S. Race st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Simich

6. DATE OF BIRTH (month, day, year) Apr. 4, 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 3 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Sol Simich

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Cem. Date July 25 1935

19. UNDERTAKER John G. Miller
(Address) 2435 E. Biddle

20. FILED JUL 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9 1935 to July 23 1935

I last saw him alive on July 23 1935. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Unknown |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospital

M. D. P. 1268-9

14658

300628

✓ F 14658

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Addison

(a) Residence: No. 1406 W. Mulberry St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black.

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert.

6. DATE OF BIRTH (month, day, year): 12/1/90

7. AGE: Years 44 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House cleaner. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Henry Loastin

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date July 24/35 19

19. UNDERTAKER: Chas. G. Cooper

(Address) 2141 E. Baltimore St.

20. FILED 19 Registrar.

JUL 24 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July. 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June-17 . 1935 to July 20 . 1935

I last saw her alive on July-20 1935 Death is said to have occurred on the date stated above, at 8 25 P m.

The principal cause of death and related causes of importance were as follows:

Metastatic carcinoma in retro-peritoneal lymph nodes, from Adenocarcinoma of cervix — Date of onset: 1934

Other contributory causes of importance:

Name of operation Panhysterectomy Date of 1931

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Mrs. Victoria Williams

M. D. B. 1233-9 F 14659 ✓ F 14659

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Augusta St., 10 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Miller

(a) Residence: No. 1003 Augusta St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaac Miller

6. DATE OF BIRTH (month, day, year) 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cecil County
(State or country) Md

13. NAME Unk

14. BIRTHPLACE (city or town) Unk
(State or country)

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) Unk
(State or country)

17. INFORMANT David Stafford
(Address) 1003 Augusta St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 7 24 1935

19. UNDERTAKER Edgar Monroe Wright
(Address) 1218 McCulloh St

20. FILED ... 19 ... Registrar.

JUL 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to July 18 1935

I last saw her alive on July 17 1935 Death is said to have occurred on the date stated above, at 9:00 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset July 4 1935

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. D. Allen M. D.

(Address) 1007 Augusta St

F 14660 ✓ F 14660

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 501 Lyndhurst St., 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Louise Hilbert.

(b) Residence: No. 501 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Adam Hilbert,

6. DATE OF BIRTH (month, day, year) October 18.1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 85 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER FATHER

13. NAME Redinger,

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Michael Cullinane
(Address) 501 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL JUL 25 1935
Place Western Cem. Date

19. UNDERTAKER Geo W Sisler
(Address) 2700 Edmondson Ave.

FILED JUL 27 1935 Huntington Williamson, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 23 1935

I last saw her alive on July 22 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. nephritis | 1926 |
| Myocardial Insuff. | 1930 |
| Cerebral hemorrhage | 14 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation P.E. Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (Specify)

(Signed) Homer L Todd M. D.
(Address) 735 N. Fulton Ave

M. D. B. 1289-9

F 14661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14661

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40[illegible] & Clearspring Rd St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Addie Weaver

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Riley Weaver

6. DATE OF BIRTH (month, day, year) Nov. 15, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland -

MOTHER FATHER

13. NAME William H. Ridgeway

14. BIRTHPLACE (city or town) (State or country) Talbot Co., Maryland -

MOTHER

15. MAIDEN NAME Jane Trumpton

16. BIRTHPLACE (city or town) (State or country) Kent Co., Maryland -

17. INFORMANT Hospital Records -
(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 25, 1935

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934 to July 23, 1935

I last saw her alive on July 23, 1935 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis — | 1933 |
| with Cardiac dilatation | July 1 1935 |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Infections arthritis | 1914 |

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Bldg

D. F. 1268-9

14662 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14662

93-C

# CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Reed St. St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter W. Taylor

(a) Residence: No. 2835 Reed St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Taylor

DATE OF BIRTH (month, day, year) 1852

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, Bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Middlesex County - Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Annie Smith
(Address) 2835 Reed St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 24, 1935

19. UNDERTAKER Mrs. George H. Holland
(Address) 1631 Druid Hill Ave

FILED 24 1935 Victor Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Contributory Failure | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B 1268-9

F 14663

F 14663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Robert St., 14 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha M. Madden

(a) Residence: No. 539 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Allan Madden

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Madden

(Address) 539 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/24/35

19. UNDERTAKER: Mrs. Jane E. Holland

(Address) 1611 Druid Hill Ave

FILED JUL 24 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935, to July 21, 1935.

I last saw h... alive on July 21, 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset: 1 yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 1534 Druid Hill Ave

D. B. 1268-9

F 14664

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14664 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Clinton St. St., 26 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Ruhlemann

(a) Residence: No. 19 N Clinton St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 13 1915

| AGE | Years | Months | Days | If LESS than 1 dny. ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 19 | 9 | 10 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME William F. Ruhlemann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ernestina Dix

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Ruhlemann (Father)

(Address) 19 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Morelands Memorial Date July 26 1935

19. UNDERTAKER Tilly & Zeiler
(Address) 403 S. Gay Street

..... 1935 .....
Registrar.

FILED JUL 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 A ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis (Rheumatic) | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

c.—1-12-23—M&T—500 Blks.

F 14665

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14665

## CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Fukeland ST., 16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George T. Le Compte

(a) RESIDENCE NO. 1204 Fukeland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Spicer

DATE OF BIRTH (month, day, and year): 6-12-1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 56 | | 1 | 11 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: U.S. Government Electrotyper

(b) General nature of industry, business, or establishment in which employed (or employer): as above

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Geo T. LeCompte

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ella Foos

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Estelle LeCompte

(Address): 1204 Fukeland St

Filed 7/24, 1935 Huntington Williams, Jr. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to July 23, 1935, that I last saw h-im alive on July 23, 1935, and that death occurred, on the date stated above, at 4:15 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray Obs. Exam

(Signed) John A. Strattan M. D.

7/24, 1935 (Address) 1219 Eloplaw Terrace

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 7/25 1935

20 UNDERTAKER: E B Fanning

ADDRESS 1136 Poplar Grove

F 14666

H. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14666

## CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Goldstein

(a) Residence: No. 4007 Boarman Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ida Dora Goldstein

DATE OF BIRTH (month, day, year) 1862

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry Dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Allen Cohn (Son-in-Law)

(Address) 4007 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL Shaw Brothers Ave.

Place ..... Date 7-25- 1935

19. UNDERTAKER Jack Levine Inc.

(Address) 1312 E. Baltimore St.

FILED 7-24 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to July 23, 1935

I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 6 00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombophlebitis of both legs; | 7-10-35 |
| Pulmonary infarcts | 7-12-35 |
| Pneumonia (bronchial) | 7-12-35 |

Other contributory causes of importance:

| | |
|---|---|
| Prostatic hypertrophy (Ca) | 2-3 yrs |
| Chronic myocarditis | " " |

Name of operation Bilateral vasectomy Date of 7-9-35

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. K. Kerrigan M. D.

(Address) Sinai Hospital

F 14667

14667 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Weinstein Klein

If U. S. Veteran specify WAR

(a) Residence: No. 1601 Moreland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Klein.

7. DATE OF BIRTH (month, day, year) Aug. 1864.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70. | 9 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Max Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Rachel Klein.

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Brother.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7-4-35

19. UNDERTAKER Jack Levin Inc

(Address) 1439 Eutaw Place

20. FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/22 1935 to 7/23 1935

I last saw her alive on 7/23 1935 Death is said to have occurred on the date stated above, at 2 55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (?) | 1 day |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 14668

D. B. 1263-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14668 ✓176

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward) 13

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Carliner

(a) Residence: No. 2458 Callow ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha

DATE OF BIRTH (month, day, year) 1902

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 33 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Cream Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Michael Carliner

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther Prawda

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Michael Carliner

(Address) 2458 Callow ave

BURIAL, CREMATION, OR REMOVAL Pikesville Date 7-24-35

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St., Baltimore, Md.

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1935 to 7-23 1935

I last saw him alive on 7-23 1935 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Bronchopneumonia | 7-18-35 |
| Other contributory causes of importance: | |
| Cholecystitis with | |
| Cholelithiasis | 1930 |
| Cholecystectomy | 7-18-35 |

Name of operation Cholecystectomy Date of 7-18-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D. (Signed) William Rappe M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

F 14669

F 14669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

156-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 8 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary B. Randall

(a) Residence: No. 2007 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1868

7. AGE: Years 66 | Months 8 | Days 0 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stewardess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Wm. S. Randall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Ramsay

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Edw. Shute

(Address) 2007 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 7/26/35

19. UNDERTAKER E. J. Feeney & Son

(Address) 1936 E. Lafayette Ave.

20. FILED ... 19

7-24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to July 23, 1935

I last saw her alive on July 23, 1935. Death is said to have occurred on the date stated above, at 10:25 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Bursitis right shoulder | |
| 2. Hypertension | |
| 3. Arteriosclerosis | |
| 4. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation Exc. bursa r. shoulder 7-17-35 Dr

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Mayer M. D.

(Address)

M. D. B. 1268 F 14670 F 14670

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 94-B

1. PLACE OF DEATH Church Home & Infirmary Registered No.

CITY OF BALTIMORE: (No. Broadway & Fairmount St., C[illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth Life yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Jones

(a) Residence: No. 117 West 29th St., — Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced (or) WIFE of Mr. Harry C. Jones

DATE OF BIRTH (month, day, year) Sept. 4, 1870

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 years | 10 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 15, 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME J. P. Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary E. Starr

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Harry C. Jones

(Address) 117 West 29th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date July 25 19 35

19. UNDERTAKER Chas. E. Branch

(Address) 501 Reasin Ave

20. FILED 24 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 P.M. July 22 1935 to 7 P.M. July 22 1935

I last saw her alive on July 22, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | July 15, 1935 |
| Other contributory causes of importance: Hypertension | ? |

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

M. D. H. 1268-9

14671

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14671

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Washington Blvd., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Mary Cosgrove

(a) Residence: No. 610 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Apollo Ambrose

6b. DATE OF BIRTH (month, day, year) 1878

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 57 | yrs | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Lithuania

13. NAME OF FATHER: Bulato

14. BIRTHPLACE (city or town) (State or country): Lithuania

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Apollo Ambrose
(Address) 610 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 25, 1935

19. UNDERTAKER: Chas. B. Kuchenmeister
(Address) 637 Park Ave.

Filed July 24 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-22-35

22. I HEREBY CERTIFY, That I attended deceased from 6-15-35 to 7-22-35

I last saw her alive on 7-21-35. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | about 6-15-35 |
| Myocarditis | |

Other contributory causes of importance:

acute cardiac dilatation

Name of operation: Bilateral Salpingectomy

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

H. D. B 1268-9

F 14672

14672

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 204 S. Stricker St., 19 Ward)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hughes

(a) Residence: No. # 204 S. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Hughes

6. DATE OF BIRTH (month, day, year): May 20th, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 2 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: John Hoban

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Mary Glynn

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Mr Patrick Hughes

(Address): # 204 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral by 7/ 26/ 1935

19. UNDERTAKER: John J. Cowan & Son

(Address): # 901 Hollins Street

20. FILED 4 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/ 23/ 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1934 to July 23, 1935

I last saw h.er alive on July 23, 1935. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile arterio-sclerosis - about | 12-1-34 |
| Cerebral hemorrhage | 7-21-35 |

Other contributnry causes of importance: None

Name of operation —

Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: —

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Harry S. Ogle, M. D.

(Address) 1203 W. Fayette St.

D. B. 1268-9

14673

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14673

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 S. Ann St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bober

(a) Residence: No. 522 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Bober

DATE OF BIRTH (month, day, year) Sept 4 1869

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 10 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) unknown Poland

13. NAME John Bober

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

15. MAIDEN NAME Mary Pruszek

16. BIRTHPLACE (city or town) (State or country) Unknown Poland

17. INFORMANT Mrs. Antonia Bober

(Address) 522 S. Ann

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 25 1935

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED 19 [illegible] Registrar.

24 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | July 22 |

Other contributory causes of importance:

probably arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Ashland Ave

F 14674

H. D. P. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14674

45-D

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 E. Clement St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas L. Gillece

(a) Residence: No. 444 E. Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Gillece

DATE OF BIRTH (month, day, year) March 27 1875

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 60 | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Patrick Gillece

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME de Lyle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Gillece (wife)
(Address) 444 E. Clement

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date July 26 19 35

19. UNDERTAKER Margaret J. Flynn
(Address) 1111 Linden Ave Huntington Williams, M.D.

FILED 1935 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 23 1935

I last saw him alive on July 22 1935 Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Maxilla — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Lab + clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) A. A. Barranco M. D.

(Address) 436 S Fort Ave

M. D. B. 1268-9

14675 14675

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 E Biddle St., 8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Lee Moore

(a) Residence: No. 2703 E Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M Moore

7. DATE OF BIRTH (month, day, year) April 7-1878

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Du Promotion

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Jackson Ky.

MOTHER'S MAIDEN NAME

13. NAME Martin Moore

14. BIRTHPLACE (city or town) (State or country) Jackson Ky.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward C Moore Son

(Address) 2703 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Orems Cemetery Date 7-26 1935

19. UNDERTAKER Howard N. Bl[illegible] Co.

(Address) 1418 N. Eutaw

1935 Huntington Williams Jr. M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 1935 to July 23 1935

I last saw him alive on July 22 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation Accompanied | 3 mos |
| by Hypertension | 3 mo |
| Uremic Toxemia | 3 mo |

Other contributory causes of importance: Chronic Pyelitis Kidneys Right

3 mo

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Jones M. D.

(Address) 2878 Fairmount Ave

14676 F 14676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

104-13

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Rehmert

If U. S. Veteran specify WAR ..... 11 v

(a) Residence: No. 1316 Cambria St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rehmert

6. DATE OF BIRTH (month, day, year) Jan 16, 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 6 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator United Railway Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co

10. Date deceased last worked at this occupation (month and year) 7-19-35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Daniel Rehmert

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Christine Herman

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Wife
(Address) Cambria 1316

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 27 1935

19. UNDERTAKER L. V. Bowers & Sons
(Address) 1400-02 W Baltimore St.

Interment Williams Rec'd

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1935 to 7-23 1935

I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Abscess | 7-20-35 |
| Pan Sinusitis | July 1935 |

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Stratton Hartzberger, M. D.

(Address) Mercy Hospital

F 14677

14677

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 92-a

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR World War

2. FULL NAME Thomas T. Everist

(a) Residence: No. Box #49, St., Ward. Dundalk, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte Vogt Everist

DATE OF BIRTH (month, day, year) February 4, 1899

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 5 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship-fitter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government Navy Yard
10. Date deceased last worked at this occupation (month and year) 4-9-35
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Joseph H. Everist

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Sarah Jane Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT U. S. Marine Hospital Records.
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, REMOVAL
Place Balto Cemetery Date July 26 19 35

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED JUL 24 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to July 23, 1935
I last saw him alive on July 23, 1935 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease, aortic stenosis | unknown |
| Myocarditis, chronic, with congestive failure | " |
| Other contributory causes of importance: | |
| Arteriosclerosis, local, coronary arteries | unknown |

Was an operation performed? no Date of
For what disease or injury? --
Name of operation -- Date of
What test confirmed diagnosis? Aut. Was there a autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E. T. Ceder, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

D. B. 1268-9

14678 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14678

## CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital 186-a

CITY OF BALTIMORE: (No. St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elliott

(a) Residence: No. 2930 Annual Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of August Elliott

7. DATE OF BIRTH (month, day, year) Sept 17 1854

| 8. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 10 | 6 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Canada

14. NAME John Delaney

15. BIRTHPLACE (city or town) (State or country) Ireland

16. MAIDEN NAME unknown

17. BIRTHPLACE (city or town) (State or country) Ireland

18. INFORMANT Mrs Martin G Phillips

(Address) 2930 Annual Ave

19. BURIAL, CREMATION, OR REMOVAL Place Buffalo N.Y. Date July 24 35

20. UNDERTAKER Leuckens Cook

(Address) 217 S. Paca St.

FILED July 24 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death la said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

Fracture of left femur
and Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

old age and debilitated condition

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 19 1935

Where did injury occur? 2930 Annual Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped and fell.

Nature of injury Fractured Lt. femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Kaye M. D.

(Address) 1210 Hanover

D. B. 1208-9

(1679) ✓ E 14679

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Hill Park St., 14 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William C. Brooks

(a) Residence: No. 2133 Pennsylvania av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Brooks

6. DATE OF BIRTH (month, day, year) June 24 1904

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 31 | | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schauffeur ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Bell Md

13. NAME Wm H Brooks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Curtis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm H Brooks

(Address) 2133 Penna av

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/25, 1935

UNDERTAKER Thomas C. Kelson

(Address) 1303 Boerstman st

FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pistol Shot wound in head self inflicted | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7-22, 1935

Where did injury occur? Druid Hill Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot wound in head

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas Dickenson M. D.
Coroner

(Address) Baltimore

D. B. 1268-9

4680

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14680

94-B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 St George Rd St., 27 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Wallace Symington

(a) Residence: No. 1001 St George Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

If married, ~~widowed~~ or ~~divorced~~
HUSBAND of (~~or WIFE of~~) Emma H B Symington

DATE OF BIRTH (month, day, year) Sept 16 1872

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 62 | 10 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer (Ins. Pres.) (Ins. & Trust Co.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Ins. & Trust Co.)

10. Date deceased last worked at this occupation (month and year) 1896

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Alexander Symington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emily Spence

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT W. W. Symington Jr

(Address) 1001 St George Road

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 25 1935

UNDERTAKER Henry H Jenkins Sons Co

(Address) Orchard & Calhoun Sts

FILED 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 1935 to July 24 1935

I last saw h~~e~~r alive on July 23 1935 Death is said to have occurred on the date stated above, at 23 Oct m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (24 hours)

Date of onset July 23

Other contributory causes of importance:

Art Sclerosis Hypertension

Date of onset July 24

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Emmy B Symington Jr M. D.

(Address) 3914 N. Charles St

4681 E 14681

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S Bouldin St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth 56 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret Bauer

(a) Residence: No. 612 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bauer

DATE OF BIRTH (month, day, year) Nov 9 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 8 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Stallard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Vogel

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Blair Eggen

(Address) 612 S Bouldin St

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 26 1935

UNDERTAKER Martin W. E. Offutt

(Address) 37 S Carey St.

FILED Huntington Williams Registrar.

4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24th, 1935, to July 26, 1935

I last saw h[illegible] alive on July 21, 1935 Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cortical Sclerosis of Myocardium, chronic duodenal ulcer | 2 |
| Other contributory causes of importance: Bronchopneumonia Decubitus ulcer | 3 days |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jay A Archibald, M. D.

(Address) 1625 Bank with me

14682 ✓ F 14682

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Ford.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1134 E. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/18/1872.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 4 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. O&W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Augustus Ford

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Poleska Trozell.

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Patient.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date July 25 1935

UNDERTAKER E. M. Kelly & Son
(Address) 2334 Liberty St.

FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/16 1935 to 7/21 1935

I last saw him alive on 7/21 1935. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 3 mo. |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reate M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 14683

14683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH Same 5
CITY OF BALTIMORE: (No. 2530 Ellamont Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Henry Eugene Thomas

(a) Residence: No. 2530 Ellamont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Elizabeth Thomas

6. DATE OF BIRTH (month, day, year): Dec 24 1881

7. AGE: Years 53 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Norbanor H. Thomas
14. BIRTHPLACE (city or town) (State or country): Baltimore Md
15. MAIDEN NAME: Rice
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Anna E. Thomas
(Address) 2530 Ellamont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 7/26 1935

19. UNDERTAKER: C. Vernon Lennon
(Address) 4611 Pa. Ave.

20. FILED: Huntington Williams M.D.
JUL 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above, at about 5 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Possibly affected by the heat

Was an operation performed? No Date of ...
For what disease or injury?
Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hagner, M. D.
Coroner
(Address) 1216 Hanover

F 14684

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14684

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jeannette Harrell

(a) Residence: No. 1126 Parrish st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 28, 1918

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 16 | 10 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward Harrell

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Clara Pin

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Date 7/26 19 35

Place Mt. Calvary

UNDERTAKER Wm A Jackson

(Address) 916 E Fairmount ave

FILED 19 Huntington Williams & Co

25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1935, to July 23, 1935

I last saw her alive on July 23, 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Aug. 1934 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospital

M. D. B 1268-9

F 14685

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14685

## CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fell't Pharmacy St., 5 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Murray

(a) Residence: No. 12 N Spring St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | C | Married |

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline Murray

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Pauline Murray
(Address) 12 N Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date July 26, 1935

19. UNDERTAKER J. W. Herbderman
(Address) 1502 E Monument Wilkens Ave

JUL 25 1935 , 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage | July 22 35 |
| Gun shot wound of Chest involving aorta | |

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an Autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury July 22 19 35

Where did injury occur? Baltimore (Fell't Pharmacy)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Bullet wound in chest

Nature of injury involving aorta

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

M. D. (Signed) Geo E Allen Coroner

(Address) 507 Cathedral St

F 14686

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward 14)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ferranti

(a) Residence: No. 1624 Pennsylvania Ave., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 15, 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Attilio Ferranti

14. BIRTHPLACE (city or town) Rome
(State or country) Italy

15. MAIDEN NAME Concetta Giralico

16. BIRTHPLACE (city or town) Rome
(State or country) Italy

17. INFORMANT Mr Attilio Ferranti
(Address) 1624 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 25 1935

19. UNDERTAKER L. J. Tuckerman Sons
(Address) 1 E Pr

20. FILED ... 19 ... Registrar.

JUL 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to July 23 1935
I last saw him alive on July 23 1935 Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Enlarged thymus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Bronchoscopy Date of 7-23-35
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19 ...
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. H. Magruder M. D.
(Address)

H. D. F. 1268-B F 14687 ✓ F 14687

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 161-a

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ..... St., ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Arnett

(a) Residence: No. Reisterstown, Md. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Baby Boy Arnett

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lorman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. FILED July 29 1935
1602

19. BURIAL, CREMATION, OR REMOVAL Date ..... 19

20. UNDERTAKER Huntington Williams, Mgr
(Address)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-16-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 7-15-35. 19 ..... to 7-16-35. 19 .....
I last saw h.im alive on 7-16-35. 19 ..... Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Foetal Atelectasis | |

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally M. D.
(Address) University Hosp.

D. B. 1268-9

F 14688

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14688

## CERTIFICATE OF DEATH

126

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661. W. Saratoga St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Sockenwich

(a) Residence: No. 661. W. Saratoga St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Sockenwich

DATE OF BIRTH (month, day, year) Not known-1866

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 69 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 1880

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Vincent Sockenwich

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Mary Kominskas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT William Sockiewich

(Address) 5206 Muth Ave,

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date July 26, 19 35

19. UNDERTAKER John Grebliauskas

(Address) 1423. S. Paca St.

20. FILED JUL 25 1935 Baltimore, Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to July 23, 1935

I last saw him alive on 7/22, 1935. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cole lithiasis | 5/10/35 |

Other contributory causes of importanre:

Name of operation Cole cys totomy Date of 7/2/35

What test confirmed diagnosis? open Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Joseph M Benesuns M. D.

(Address) 37 S. Stricker St

H. D. B. 1208-9

F 14689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14689

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 113. N. Appleton St., 16 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryona Gobzeleviciene

(a) Residence: No. 113. N. Appleton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gobzelevicius

DATE OF BIRTH (month, day, year) Not known-1878

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife W 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Joseph Remeikis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Maryona Noviskis

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Vinty Smith

(Address) 1927. W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 27 1935

19. UNDERTAKER John Trebliduckas

(Address) 423. S. Paca St.

20. FILED ..... 19..... Register

~~25 1935 R. i. F. Washington Co.~~

6

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1934 to July 23 1935

I last saw her alive on July 22 1935. Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uteri | ? |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Steadman M. D.

(Address) 642 Washington Blvd

ACo. 5-31 2508

14690 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14690

47-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 E. Balto. St., 6 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mat Rabinowitz

(a) Residence: No. 2308 E Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rena

7. DATE OF BIRTH (month, day, year) 1883

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Rabinowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Rabinowitz
(Address) 7811 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Hebrew Date July 25 19 35

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED JUL 25 1935 Huntington Ave Station, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to July 24, 1935

I last saw h[illegible] alive on July 24 1935 death is said to have occurred on the date stated above, at 1.20 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lung | Jan 1935 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton J. Salamon, M. D.

(Address) 14 S Broadway

F 14691

F 14691

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N. Freemount ave. Ward) 4

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebbeca Jane Thomas Cooke

(a) Residence: No. 309 N. Freemount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Married |

3. If married, widowed, or divorced HUSBAND (or) WIFE Eli CooK

DATE OF BIRTH (month, day, year) May 11th. 1883

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 2 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Hawkins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emily Spotts

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Ada Powell (Doughter)
(Address) 309 N. Freemount ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion July 26 19 35

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 S. Schroeder St.

FILED JUL 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, '35 19

22. I HEREBY CERTIFY, That I attended deceased from July 20th 19 35 to July 23rd 19
I last saw her alive on July 22nd 19 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | July 20th 1935 |
| Cerebral Hemmorhage | |
| Other contributory causes of importance: | |
| Arterioschlerosis | abt. a ye |

Name of operation ..... Date of .....

What test confirmed dingnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Walter J. Jackson, M. D.

(Address) .....

F 14692

F 14692

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Oes Block Carrollton Ave 17 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James E. Chaney

(a) Residence: No. 1130 Angela Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Chaney

DATE OF BIRTH (month, day, year) 1872

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 63 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St John A M E

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Arlington Md

13. NAME John Chaney

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Rachel Chaney

(Address) 1130 Angela Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 25, 1935

19. UNDERTAKER Mrs Katie P. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar

JUL 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull - | |
| Fractured right knee. | |
| Fractured Pubis | |

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 22, 1935

Where did injury occur? St John A M E Church Yard Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry.

Manner of injury Fell off church roof.

Nature of injury Fractures of part.

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Sustaining work

(Signed) J. J. Allen M. D.
Coroner

(Address) 501 Aisquith St

F 14693

14693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 26-6 51-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6525 Colgate Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Thomas Buchholz If U. S. Veteran specify WAR .....

(a) Residence: No. 6525 Colgate Ave, ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) March 1st 1929

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 6 | 3 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Joseph Buchholz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Annie Loyley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Annie Buchholz

(Address) 6525 Colgate Ave

BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date July 23 1935

UNDERTAKER John A. Horan

(Address) 3000 E. Baltimore St.

Huntington Williams, N.D.

Registrar.

5 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1933 to July 21st 1935

I last saw him alive on July 21st 1935. Death is said to have occurred on the date stated above, at 7½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma of Kidney (Rt.) | 1933 |
| | |
| | |
| Other contributory causes of importance: | |
| Sarcomatosis | 1935 |

Was an operation performed? yes Date of 1933

For what disease or injury? Exploratory, appendectomy

Name of operation Exploratory Date of 1933

What test confirmed diagnosis O. & Pa. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Annie Buchholz M. D.

(Address) 6525 Colgate Ave

14694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14694

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. Lorraine Ave. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. Life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lottie W. Pugh

(a) Residence: No. 209 W. Lorraine Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late James Logan Pugh

DATE OF BIRTH (month, day, year) Sept. 30, 1879.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 9 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edwin R. Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Emma I. Davis,
(Address) 209 W. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 26, 19 35

19. UNDERTAKER Mary F. Curtin
(Address) 4101 Edmondson Ave.

FILED JUL 25 1935 19 ~~Huntington Wilson~~, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26th, 1935, to July 23, 1935

I last saw her alive on July 23, 1935. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Carcinoma of Breast | Indefinite |
| | |
| | |
| | |
| Other contributory causes of importance: metastasis to spine | |

Name of operation Breast amputation Date of

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave

H. D. F. 1268-9

F 14695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14695

## CERTIFICATE OF DEATH

✓ 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Cooper

(a) Residence: No. 234 N. Carey St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

DATE OF BIRTH (month, day, year) Dec. 24, 1913.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 7 | 219 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

13. NAME John Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Mother - Mary Cooper.

(Address) 234 N. Carey Street

18. BURIAL, CREMATION, OR REMOVAL Md

Place Bacon Cem. A.A.Co. Date 7-25, 1935

19. UNDERTAKER Chas. H. Cofer

(Address) 5141 Eastern Ave

20. FILED 25 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, 19..., to July 23, 1935, 19... I last saw h/ll alive on July 23, 1935. Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | July 18. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stafford, M. D.

(Address) Lyndenham Hospital

Tinnie Forester F 14696

14696

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Bloomingdale Ward) B

Length of residence in city or ... where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tinnie Forester If U. S. Veteran specify WAR.....

(a) Residence: No. 1803 Bloomingdale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Forester

DATE OF BIRTH (month, day, year) Oct 9. 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 9 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Phila

13. NAME Thomas Wagner

14. BIRTHPLACE (city or town) (State or country) Phila

15. MAIDEN NAME Rebecca Williams

16. BIRTHPLACE (city or town) (State or country) Phila

INFORMANT Charles Mantra

(Address) 1803 Bloomingdale Rd

BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date 7/26 1935

UNDERTAKER W. J. Tuckers & Sons

(Address) 1807 Pennsylvania Ave

FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1935 to July 24, 1935

I last saw h... alive on July 24, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Involution of Uterus with Uterine Hemorrhage | Two years |
| Other contributory causes of importance: | |
| Pneumonia | 2 days |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M. Brunnenstock, M. D.

(Address) 2216 Jarrett Blvd

F 14697

H. D. B 1268-9

14697 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH West Baltimore General Hospital 66-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvador O'Reilly If U. S. Veteran specify WAR None

(a) Residence: No. 679 77th St. St. Miami Fla. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Edna Kelley

DATE OF BIRTH (month, day, year) Oct 21 1901

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 8 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Richard J. West Balto Gen Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Park

Place Rhoads Cemetery 7/24 1935

19. UNDERTAKER Harry E. Meitzler

(Address) 4121 Edmondson Ave

20. FILED 7/24 1935 Wilmington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Uremia Coma Convulsions | |
| for Exophthalmic Goiter | |

Other contributory causes of importance:

Thyroidectomy

Was an operation performed? Yes Date of July 20 35

For what disease or injury? Exophthalmic Goiter

Name of operation subtotal Date of July 20 35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Mann, M. D. Coroner

(Address) 12 E Hamburg

D. B 1268-9

E 14698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14698 82-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Castle St., 2nd Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... da.

2. FULL NAME Mary Kowalczyk

(a) Residence: No. 217 S. Castle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Unknown

DATE OF BIRTH (month, day, year) Unknown

| AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| about 44 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) Unknown | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russian Poland.

13. NAME Anthony Slemowieski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

15. MAIDEN NAME Patricia Burzeski

16. BIRTHPLACE (city or town) (State or country) Unknown Poland.

INFORMANT Stella Golden (daughter)

(Address) 419 S. Durham

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date July 27, 1935

UNDERTAKER Wm J Fialkowski

(Address) 2007 Eastern Ave

FILED 7-27-1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

F 14699

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14699

✓160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Weaver

(a) Residence: No. 340 Bloom St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 14, 1935

| AGE | Years | Months | Days | If LESS than 1 day, Y. ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Albert F. Weaver

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Clarice Lyles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date July 25, 1935

19. UNDERTAKER
(Address)

FILED ..... 19..... Registrar.

1935
1600

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15-35 19

22. I HEREBY CERTIFY, That I attended deceased from 7-14-35, 19..., to 7-15-35, 19...

I last saw h~~er~~ alive on 7-15-35, 19... Death is said to have occurred on the date stated above, at 5 20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intracranial Hemorrhage. | 7-14 |
| Other contributory causes of importance: Breech Extraction | 7-14 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 14700

30198 F 14700

F 159

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Levy

(a) Residence: No. Sykesville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 7/21/35

| AGE | Years | Months | Days | If LESS than 1 day, 2 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: George Levy

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Jean Gregariano

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date July 25 1935

19. UNDERTAKER

(Address)

20. FILED JUL 26 1935 Huntington Williams, M.D. Registrar.

L 599

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to July 21, 1935

I last saw him alive on July 21, 1935 Death is said to have occurred on the date stated above, at 5:15 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 7-21

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

F. D. B. 1268-9

F 14701

4701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34c-82-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Green Sts 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dan T. Wilson

(a) Residence: No. 1604 W. Lafayette Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Wilson

DATE OF BIRTH (month, day, year) Oct 12 1888

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co, Md

13. NAME Maguire Wilson

14. BIRTHPLACE (city or town) (State or country) St Marys Co, Md

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) St Marys Co, Md

17. INFORMANT Mrs M. Wilson

(Address) 1604 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 7/26 '35

19. UNDERTAKER Thomas C. Nelson

(Address) 1303 Division St

20. FILED 5 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22 1935 to July 23 1935.

I last saw him alive on July 23 1935. Death is said to have occurred on the date stated above, at 300 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | |
| Cerebral Hemmorhage | |
| Other contributory causes of importance: | |
| Syphilitic Endarteritis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. L. Howard M. D.

(Address) University Hospital

H. D. P. 1268-9

14702

F 14702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JAMES PYCHA.

(a) Residence: No. 2517 ASHLAND St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED. |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1875 - Sept 26

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59. | 9 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gaylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)

13. NAME James Pycha.

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Mary Pawuska

16. BIRTHPLACE (city or town) Austria (State or country)

INFORMANT Mary Pycha

(Address) 2517 Ashland Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 31, 1935

18. UNDERTAKER Martin H. O. Oppel

(Address) 31 S. Eutaw St.

Huntingdon Pennsylvania, Pa.

FILED 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1935 to 7-23 1935

I last saw h[illegible] alive on 7-23 1935. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CORONARY OCCLUSION | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| ARTERIO SCLEROTIC | |
| HEART DISEASE | |

Name of operation None Date of ...

What test confirmed diagnosis? EKG. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Frank W. Peyton, M. D.

(Address) University Hospital

D. B 1268-B

F 14703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14703

## CERTIFICATE OF DEATH

F 160-B

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital St., 4 Ward)

gth of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Baby Bruce Beardmore

(a) Residence: No. Annapolis Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | "hite | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, and year) July 24, 1935

| GE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | 1 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Annapolis
(State or country)

12. NAME Clayton Beardmore

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NA Margret Hodges

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 25, 19 35

UNDERTAKER John T. Rooney
(Address) 710 Light St Huntington Williams, Nat

FILED ..... 19..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4.30m A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage into Brain | |
| Forceps Delivery | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autop No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) E. O. Weller, M. D.
Coroner

(Address) 2737 W. Mont

F 14704

Spec. 6-9-19—H. F. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14704

## CERTIFICATE OF DEATH.

✓50

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 732 E. Biddle ST.; 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frances M. Fischer

(a) RESIDENCE. NO. 732 E. Biddle ST., WARD.

(Usual place of abode)

If U. S. Veteran No

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Record

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

6a If ~~married, widowed, or divorced~~ (or) WIFE of Lester H. Fischer

6 DATE OF BIRTH (month, day, and year) Mar 2nd 1897

7 AGE: Years 38 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dressmaker

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John H Housman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Frances M Stuart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Ella J. Fisher 732 E. Biddle St

Filed JUL 25 1935, 19

Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23rd 1935

17 I HEREBY CERTIFY, That I attended deceased from June 1934, to July 22, 1935

that I last saw her alive on July 22, 1935

and that death occurred, on the date stated above, at 2 10 a.m.

The CAUSE OF DEATH* was as follows:

General carcinomatosis

Carcinoma of breast

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 1934

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab

(Signed) A. L. Homstein, M. D.

7/24 1935 Address) 733 Arguile St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 7/26/1935

UNDERTAKER: Wm Cook

ADDRESS: 127 St Paul St

F 14705

Rev. 5-9-19 H. P. Co — 1000 Blks.

14705

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Home of Aged of M.E. Church (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Russell

(a) RESIDENCE. NO. 3211 Rogers Ave ST., WARD.

(Usual place of abode)

If U. S. Veteran (Write "Yes" or "No")

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? Nearly Warren ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

6a If married, widowed, or divorced (b) HUSBAND of (or) WIFE of Joseph Russell

7 DATE OF BIRTH (month, day, and year) Aug 12-1857

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 11 | 12 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

10 BIRTHPLACE (city or town) (State or country) Williamsport Pa

11 NAME OF FATHER Cornelius Field

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Collen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) Etta Cuddy 2211 Rogers Ave Huntington Williams, W. Va.

15 1935, 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 1935

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 24, 1935.

That I last saw her alive on July 23, 1935,

and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms

(Signed) Geo. E. Shannon, M. D.

7/24, 1935 (Address) 706 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Angel Hill Hancock Grace

DATE OF BURIAL: July 26 1935

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

D. B 1268-9

14706 ✓ E 14706

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH In Ambulance 7 En Route to
CITY OF BALTIMORE: (No. Union Memorial Hosp St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Jenkins

(a) Residence No. 2206 Gordon Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed or divorced HUSBAND of (or) WIFE of Minnie H. Jenkins

6. DATE OF BIRTH (month, day, year) May 7. 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Jas H Jenkins Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna L Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Minnie H Jenkins

(Address) 2206 Gordon Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date July 27 1935

19. UNDERTAKER Schluderberg Bros

(Address) 1030 Hanover st

20. FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to July 23, 19...

I last saw h... alive on July 23, 19... Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Heart disease | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. H. Eisenhower M. D.
Coroner

(Address) Coroner

D. B 1268-9

F 14707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 94707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Timms

(a) Residence: No. Winnsboro St., ... Ward. S. Car

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

DATE OF BIRTH (month, day, year) 10-15-58

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 9 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

13. NAME Charles Timms

14. BIRTHPLACE (city or town) (State or country) S. Car

15. MAIDEN NAME Sara Young

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Winnsboro, S.C. Date July 26, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1960 Eutaw Place

FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935 to July 25, 1935

I last saw him alive on July 25, 1935 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trigeminal neuralgia (tic) | 5 yrs ago |
| Postoperative hemmorhage — | 2 days |

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation Cerebellar approach Date of 7/23/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

M. D. B 1268-9

✓ F 14708

14708

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 44-C

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME PRESTON PEACOCK.

(a) Residence: No. PHOENIX MD. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED. |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lenan Peacock

DATE OF BIRTH (month, day, year) Mar 9, 1901

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 4 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Planter & General labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler, md.

13. NAME Annie Naylor

14. BIRTHPLACE (city or town) (State or country) Butler, Md.

15. MAIDEN NAME Wm. Peacock

16. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

INFORMANT Mrs. Beulah Young (Address) Phoenix, Md.

BURIAL, CREMATION, OR REMOVAL.

Place Baltimore, Md. Date July 28, 1935

UNDERTAKER Wm. C. Rooks & Son (Address) Sparks

5 1935 Hunter Williams, Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1935, to 7-25-35, 19.....

I last saw him alive on 7-25, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ROCKY MOUNTAIN SPOTTED FEVER. | 7-12 |
| Other contributory causes of importance: BRONCHO PNEUMONIA. | 7-14 |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally, M. D.

(Address) Phoenix, Md.

L. D. F. 1268-9

F 14709

14709

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1802 Ramsay St., 19 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D. McClelland

(a) Residence: No. 1802 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. McClelland

DATE OF BIRTH (month, day, year): August 17-1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 11 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B.T. Royal Pumping Station

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md

13. NAME: John McClelland

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md

15. MAIDEN NAME: Jane Lowe

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md

17. INFORMANT: Mrs. Mary E. McClelland

(Address) 1802 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 26 1935

19. UNDERTAKER: George L. Schnaut

(Address) 2101 Frederick Rd.

20. 7 1935 Huntingtown Maryland, Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 1935, to July 23, 1935.

I last saw him alive on July 22, 1935. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach | 5/14/35 |
| Other contributory causes of importance: Pulmonary Oedema | 7/22/35 |

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Lazenby M. D.

(Address) 721 Madison Ave

F 14710

D.H. 126-9

F 14710

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 222 E Cross St. 24 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Werner J. Werner

(a) Residence: No. 222 E Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Werner

DATE OF BIRTH (month, day, year) April 11 87

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 3 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bread

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Margaret A. Werner 222 E Cross St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 27 1935

UNDERTAKER (Address) Todd Ferguson Son 723 Lanvale St

FILED 26 1935 Evelyn Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1935 to July 24 1935

I last saw him alive on July 24 1935 Death is said to have occurred on the date stated above, at 9:P.! m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | June 22/35 |
| Other contributory causes of importance: Exhaustion | 1 Day |

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

7/25/35 (Signed) H. E. Campbell M.D.

(Address) 1640 Edmondson Ave

F 14711 F 14711

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Brown pt.

(a) Residence: No. 1007 J St Sparrow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Married |

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of George Brown

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME George Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Geo Brown
(Address) Home 1007 J St.

BURIAL, CREMATION, OR REMOVAL
Place Cumberland Date July 27 1935

UNDERTAKER Thos. H. Chatterton
(Address) 425 N. Eutaw

FILED 26 1935 Registrar [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-14- , 1935 , to 7-24 , 1935 .

I last saw ~~her~~ alive on 7-24- , 1935 . Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis & Pul-monary Congestion | 1934 several years |
| Other contributory causes of importance: Alcoholism Chronic Colitis | 1934 |

Name of operation ... Date of ...

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvin B. LeCompte M. D.

(Address) Prov. Hosp

D. B 1268-B

14712 HEALTH DEPARTMENT—CITY OF BALTIMORE 14712

# CERTIFICATE OF DEATH

213-M

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Tyson

(a) Residence: No. 1243 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Tyson

6. DATE OF BIRTH (month, day, year) Jan 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 6 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Shipwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos. Tyson

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Margaret Davidson

16. BIRTHPLACE (city or town) (State or country) Scoteland

17. INFORMANT (Address) Clara Tyson 1243 Hull St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date July 29. 1935

19. UNDERTAKER Chas. L. Gorsuch

(Address) 1511 E. Fort Ave.

20. FILED 1935 Wilmington, Del.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Skull | |
| Fractur of Pelvis | |
| Fractur L. Ribs | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autop No

23. If death was [illegible] (violence) fill in also the following:

Accident, suicide or homicide? Accident July 24, 1935 Date of injury , 19

Where did injury occur? Md. Dry Docks
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Sliped and fell in Hole of Ship

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

Was not working at time of acciden

(Signed) H. H. Gordon Coroner, M. D.

(Address) 2317 Ashburton

F 14713

F 14713

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 154

CERTIFICATE OF DEATH

1—PLACE OF DEATH Childrens Hospital School REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ST., 15 WARD)

2—FULL NAME Charles Carter

(a) RESIDENCE NO. FORK, Maryland. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred ~ yrs. 3 mos. ~ ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) July 18/24

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 0 | 7 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

IRTHPLACE (city or town) (State or country) FORK Maryland

10 NAME OF FATHER Robert Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) FORK Maryland

12 MAIDEN NAME OF MOTHER Myrtle Crewe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hartford County Maryland

Informant Robert Carter

(Address) Fork Md.

Filed 1935 Huntington Millard, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1935

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1935, 19, to July 25, 19 35, that I last saw him alive on July 25, 1935 and that death occurred, on the date stated above, at 8:15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic osteomyelitis with multiple abscesses

(duration) 2 yrs. 1 mos. ds. none

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fork, Md.

Did an operation precede death? Yes Date of June 14 1935

Was there an autopsy? no

What test confirmed diagnosis? Clinical lab - X-Ray etc

(Signed) Merid B Schwartz M. D.

, 19 (Address) Childrens Hospital School

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Fork M E Cemetery | July 28 35 |
| 20 UNDERTAKER C. E. Arthur | ADDRESS Fork Md. |

F 14714

D. F. 12c-4 F 14714

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkins + Caton Ave Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mettie Bollhof

(a) Residence: No. 441 S. Furrow St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed or divorced HUSBAND of (or) WIFE of George Bollhof

DATE OF BIRTH (month, day, year) March 10-1879

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 4 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. #93 Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Henry Wedderich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mettie Glick

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Rose Greffen

(Address) 438 S. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 26 1935

UNDERTAKER H. B. Hupfeld & Son

(Address) 1100 Eutaw Place

FILED 26 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-9- 1935 to 7-23- 1935

I last saw h[illegible] alive on 7-23 1935. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1.) Strangulated & post operative ventral hernia - following a ruptured appendix - at Insertion incision | 1925 |
| (2.) Post operative pneumonia | 7-19-35 |
| Other contributory causes of importance: | |

Name of operation Repair ventral hernia Date of 7-17-35

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2 W. Lanvale

H. D. B. 1268 F 14715

F 14715

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Pine Henry St., 70 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip A. Leyendecker

(a) Residence: No. 2541 Pine Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth M. Leyendecker

DATE OF BIRTH (month, day, year) Jan 23. 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 6 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livestock Market

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Carl Leyendecker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Elizabeth M. Leyendecker

(Address) 2541 Pine Henry St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 27/35

UNDERTAKER H. B. Kippert & Son

(Address) 1300 Eutaw Place

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to July 24 1935

I last saw him alive on July 22 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Congestive Heart Failure | 3 mos |
| Other contributory causes of importance: Chr. Nephritis Arteriosclerosis | |

Name of operation None Date of

What test confirmed diagnosis? Exam + Lab Tests Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. 200 Lear M. D.

(Address) 705 Med Arts

F 14716

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14716

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1016 Eastern Ave. St., 3 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BARBARA LOTZ

(a) Residence: No. 1016 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widiow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Lotz

DATE OF BIRTH (month, day, year) Dec. 27, 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 6 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME John Poisl

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Cecilia Rumbauer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Michael Lotz

(Address) 1016 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cemet Date July 27" 19 35

19. UNDERTAKER Chas. H. Sauer & Son

(Address) 718 W. Mt. Royal Ave

Filed 26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to July 25 1935

I last saw her alive on July 24, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 5 Days |
| | |
| Other contributory causes of importance: | |
| Cardio-Vascular Disease | 19 yrs |

Name of operation None Date of

What test confirmed diagnosis Clinic Signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elias A. Keer M. D.

(Address) 408 S Bat Park Ave

H. D. B 1268-9

F 14717

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14717

167

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1818 Prestman St. Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Weber

(a) Residence: No. 1818 Prestman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Josephine Weber

DATE OF BIRTH (month, day, year) June 29 1884

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 0 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) July 20 '21

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresa Singer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Josephine Weber Daughter

(Address) 1818 Prestman St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 27 1935

UNDERTAKER Wm J Tickner & Sons

(Address) North & Penna Ave

JUL 26 1935 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above, about 12 M

The principal cause of death and related causes of importance were as follows:

Suicide — Shooting Pistol

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Adam ... M. D. Coroner

(Address) 1210 Hanover St

D. F 1268 F 14718

F 14718

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH Little Sisters of Poor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget McHale

(a) Residence: No. 1200 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Father McHale

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Honora Duffy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sr Stanislaus

(Address) Little Sisters of the Poor

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 27, 1935

UNDERTAKER Vita Wiedefeld

(Address) 914 Greenmount Ave

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933 to July 26 1935

I last saw her alive on July 23, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | ? |
| | |
| Other contributory causes of importance: | |
| Hypostatic Pneumonia | ? |
| Senile Senility | ? |

Name of operation — Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. C. Corbin, M. D.

(Address) 1200 Valley St

D. B 1268-9

F 14719

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14719

## CERTIFICATE OF DEATH

216-M

Registered No.

1. PLACE OF DEATH City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 19 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Sallie

(a) Residence: No. 1504 Vine St. St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Sallie

6. DATE OF BIRTH (month, day, year) Sept-13-1899.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 10 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Virginia

13. NAME OF FATHER Henry Sallie

14. BIRTHPLACE (City or town) (State or country) Va

15. MAIDEN NAME

16. BIRTHPLACE (City or town) (State or country)

17. INFORMANT Mary Sallie
(Address) 1504 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date July 27th 19 35

19. UNDERTAKER A. Jones
(Address) 111 S. Gilmor St

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23 19 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on 7/25 19 35. Death is said to have occurred on the date stated above, at 3 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Compound Fracture Knee | |
| Septicemia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accd. Date of Injury 7/15 19 35

Where did injury occur? Un Known
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Probably struck while crossing st.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) James Bayley Cato M. D.
Coroner

(Address) 7 W Saratoga St

M. D. B. 1268-9

F 14720

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14720

## CERTIFICATE OF DEATH

46-13

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Reading Way St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Joseph Gatto

(a) Residence: No. 529 N Washington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

6. If married, widowed, or divorced, HUSBAND of (or) Widow of: Lillian Gatto

7. DATE OF BIRTH (month, day, year): 7-27-1892

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 11 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Jno. J. Gatto

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Theresa Werner

16. BIRTHPLACE (city or town) (State or country): Italy Pa

17. INFORMANT: Lillian Gatto

(Address) 529 N Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Mem Date July 27, 1935

19. UNDERTAKER: John Ulhorn Inc

(Address) 2008 Orleans St

Huntington Williams, M.D.

FILED ..... 19..... Registrar.

6 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 24, 1935

I last saw him alive on 7-24-35 12:35 P.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancinoma of Stomach & Intestines | 1 Yr |
| Other contributory causes of importance: Pulmonary Edema | 5 Days |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Gatto M. D.

(Address) 4137 Harford Rd

F 14721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14721

## CERTIFICATE OF DEATH

59

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary M. Herget

(a) Residence: No. 901 S. East Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andru P. Herget

6. DATE OF BIRTH (month, day, year) Sept 14 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 10 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HW 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John Schmeiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Roseina Eahler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andru Herget
(Address) 901 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date July 26, 1935

19. UNDERTAKER John Ulbrich
(Address) 2008 Orleans St

20. FILED July 27, 1935 Huntington Pittsburgh, Pa.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| Lobar Pneumonia | |
| Cerebral Thrombosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O. H. Cochran M. D.
Coroner

(Address) 2757 W. North Ave

M. D. B 1268-9

F 14722

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14722

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Dillon St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Mary Simmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 3002 Dillon St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Simmons

7. DATE OF BIRTH (month, day, year) Feb 25 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 4 | 2 (28) | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City Cork Ireland

13. NAME Michael Joyce

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Harrington

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT W. Joyce (Brother)

(Address) 906 W. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date July 27, 1935

19. UNDERTAKER John A. Morah

(Address) 3900 E. Balto St.

JUL 28 1935, 19 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 14723

14723 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

348-91a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 75 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Carrie Link

(a) Residence: No. 2732 Annapolis Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. G.

6. DATE OF BIRTH (month, day, year) 7/27/1882.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52. | 11 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Phil Berlinske.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Annie Mariner

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7/29 1935

19. UNDERTAKER Thomas J. Fallon
(Address) 1419 Huntington Ave.

Filed 1935 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/10 1935 to 7/25 1935

I last saw her alive on 7/25 1935 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute bacterial endocarditis | 8 wk. |
| | |
| | over |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore

H. D. B. 1268-9

F 14724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14724

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Bunch St., 14 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis G. Forbes

(a) Residence: No. 1917 Bunch St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Betty Forbes

DATE OF BIRTH (month, day, year) 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ft. Knox Co., Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ft. Knox Co., Md

15. MAIDEN NAME Harris

16. BIRTHPLACE (city or town) (State or country) Colombia Co., Md

INFORMANT Harriet Forbes

(Address) 1917 Bunch

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 26 1935

UNDERTAKER T. E. Nelson

(Address) 1303 Pennsylvania Ave. Huntington Williams

JUL 6 1935 . 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25/35

22. I HEREBY CERTIFY, That I attended deceased from June 11 1935 to July 25 1935

I last saw him alive on July 20 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Epithelioma Unknown | |

Other contributory causes of importance: No other contributory cause known

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Elliott M. D.

(Address) 127 North

D. P. 1268-9

F 14725

F 14723

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospt. St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucinda Bean

(a) Residence: No. 1345 N. ~~Athelton~~ Stockton St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Kenny Bean

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Eppy Davis

14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Va.

15. MAIDEN NAME Mary Montague

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Va

INFORMANT Agnes Dennis Chase

(Address) 1345 N. Stockton St

BURIAL, CREMATION, OR REMOVAL

Place Laural Cemetery Date 7/26/35 19

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

Filed 7 28 1935 19 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-23- 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-22- 1935 to 7-23- 1935

I last saw her alive on 7-23-35 19 .. Death is said to have occurred on the date stated above, at 10 2.5 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | 7-22-35 |
| Other contributory causes of importance: Hypertension Arterio-Sclerosis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Sch Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin B. Le Compte M. D.

(Address) Provident Hosp.

D. B. 1268-9

F 1472 Transcript

14726 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Forman St. 15 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Washington

(a) Residence: No. 1718 Forman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Washington

6. DATE OF BIRTH (month, day, year) — — 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Pat Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Virginia

13. NAME of Father John Washington

14. BIRTHPLACE (city or town) (State or country) Essex Co Virginia

15. MAIDEN NAME of Mother Lewis

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Emma Means

(Address) 1322 Penna Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 27 1935

UNDERTAKER Sherman E. Pearson

(Address) 1303 Pennsylvania Ave.

FILED 1935 Huntington Phillips Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to July 24 1935

I last saw h. alive on July 24 1935 Death is said to have occurred on the date stated above, at 12:15 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset ... yrs. ... mos.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical signs & hospital Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) John E. L. Campbell M. D.

(Address) 624 N. Caroly St

D. B. 1368-9

727

# HEALTH DEPARTMENT—CITY OF BALTIMORE

4727

82-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., [illegible] Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emil Boret

(a) Residence: No. 333 E. 30th St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lila Blanche Boret

6. DATE OF BIRTH (month, day, year) Feb 19, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 5 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Sea Food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 27, 35

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Phila, Penna

13. NAME OF FATHER Theodore L Boret

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Eliza Wagner

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Lila Blanche Boret

(Address) 333 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 27, 1935

19. UNDERTAKER Geo Schilling & Son

(Address) Monument & Oliver Sts

20. FILED ..... 19..... Registrar

JUL 26 1935 Starting for Mill, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| High Blood Pressure | 2 |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Autopsist Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) Coroner's

14728 HEALTH DEPARTMENT—CITY OF BALTIMORE 14728

# CERTIFICATE OF DEATH

128

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Lina D. Diss

(a) Residence: No. 141 E. North ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 15, 1877

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 57 58 | | 9 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Martin Diss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma May Kirchner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hosp. Records

(Address) Calvert & Saratoga sts

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 27, 1935

UNDERTAKER Martin Faber & Sons

(Address) 1527 W. North Ave.

FILED JUL 26 1935 Huntington Wilkinson, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to July 23, 1935

I last saw her alive on July 23, 1935 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

| | Duration: Years |
|---|---|
| Pancreatic cyst | 1933? |
| Duodenal stricture (Intestinal obstruction) | 1934? |

Other contributory causes of importance:

None

Was an operation performed? yes Date of June 26, 1935

For what disease or injury? as above.

Name of operation Gastro-enterostomy Date of 6/26/35

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hufford, M. D.

(Address) Mercy Hospital.

D. B. 1268-9

F 14729

4729 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 131

**CERTIFICATE OF DEATH**

. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2796½ Tivoly Ave. St., 9 Ward)

ngth of residence in city or town where death occurred 88 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME MARGARET STEVENSON

(a) Residence: No. 2796½ Tivoly Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Stevenson

DATE OF BIRTH (month, day, year) Dec. 28. 1842

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 92 | 8 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Foner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. H. P. Shook (Daughter)

(Address) 2796½ Tivoly Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 27 1935

RY SANDER & SONS, INC.

UNDERTAKER

Address 1935 Baltimore & Broadway.

FILED Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to July 25 1935

I last saw her alive on July 25 1935 Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Renal Disease | 1925 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Hypertrophy & dilitation with decompensation | June 1935 |

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Edwards M. D.

(Address) 2746 Alameda Blvd

F 14730

14730 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

121

Registered No. .....

PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Herman Klotz

(a) Residence: No. 807 N Dawson St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Klotz

DATE OF BIRTH (month, day, year) Jan 23, 1909

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 7 | 2 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 1071

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Hotel

8. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 6 yrs

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Frederick Klotz

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Sophia Kipken

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Hosp. records

(Address)

15. BURIAL, CREMATION, OR REMOVAL Western Cemetery Place July 29, 1935 Date

16. UNDERTAKER HENRY SANDER & SONS, INC. Henry T. Sander

(Address) Baltimore & Broadway.

FILED Huntington Williams, Registrar

1935 JUL 30

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935, to July 25, 1935

I last saw him alive on July 25, 1935 Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | 7-7 |
| Other contributory causes of importance: Pulmonary embolus | 7-25 |

Was an operation performed? Yes Date of 7-8-35

For what disease or injury Acute appendicitis

Name of operation Appendectomy Date of 7-8-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H Barnaby M. D.

(Address) Maryland General Hosp.

D. P. 1268-9

F 14731

14731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) Jew. Laurence Grentz Jew Sisters Hospital St., 70 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laurence Grentz

(a) Residence: No. 2515 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced HUSBAND of (or WIFE of) Sarah A. Grentz

DATE OF BIRTH (month, day, year) Nov 13 1869

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 4 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture (Custom)

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sarah A. Grentz

(Address) 2515 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date July 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1935, to 7-25 1935

I last saw him alive on 7-25 1935 Death is said to have occurred on the date stated above, at about 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Probably Carcinoma of Sigmoid | |
| Other contributory causes of importance: | |

Name of operation Date of

What tests confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Shanahan M. D.

(Address) Jew Sisters Hospital

1732 W 14732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Fisselberger

If U. S. Veteran specify WAR

(a) Residence: No. 212 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

If married, widowed, or divorced: HUSBAND (or) WIFE of George F Fisselberger

DATE OF BIRTH (month, day, year) July 24/1855 unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 85(?) | 5 | 7 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Furniture Mover

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto 607

8. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 23

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME John Quilter

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. MAIDEN NAME Susan Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. INFORMANT (Address) Balto City Hospt Records

16. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date July 27th 1935

17. UNDERTAKER (Address) Wm Cook 1217 St Paul St

18. Washington Williams M.D.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1935

22. I HEREBY CERTIFY That I attended deceased from 3-26, 1935 to 7-24, 1935

I last saw h[illegible] alive on 7-24, 1935 5:30 P.m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, General | ? |
| Other contributory causes of importance: Bronchopneumonia | 4 days |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt

M. D. B. 1268-9

F 14733

4733

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 North Hilton St., 70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Rosalie McLaughlin

(a) Residence: No. 406 North Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George L. McLaughlin

DATE OF BIRTH (month, day, year) Sept 19, 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 10 | ~~25~~ 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Emma Louise Miles

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Husband Mr George McLaughlin

(Address) 406 No Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 27 1935

19. UNDERTAKER Wm Cook

(Address) 417 St Paul St

20. FILED JUL 27 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25/1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to July 25, 1935

I last saw him alive on July 25, 1935. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cardio-vascular Renal disease | 3 years |
| myocardial insufficiency | 90 |
| Chronic Interstitial nephritis | |
| Other contributory causes of importance: Pernicious Anemia | 5 years |

Name of operation none Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William L. Sullivan M. D.

(Address) 2224 Harlem Blvd

6-9-19 H. P. Co.—1000 Blks.

14731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 14734

108

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2633 (St.) Aisquith (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. Worick

(a) RESIDENCE. (No.) 2633 (St.) Aisquith (Ward)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6 If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Kathryn Worick

7 DATE OF BIRTH (month, day, and year) Jan 24th 1915

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 6 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tray Coffee Sealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Martin Gillett Co Balto Md

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER: Chas. A. Worrick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Kathryn Worick 2633 Aisquith St

15 Filed 1935, 19 Huntington Williamson W.Va

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 24th 1935

17 I HEREBY CERTIFY, That I attended deceased from February 17 1935, to July 24 1935, that I last saw him alive on July 24 1935, and that death occurred, on the date stated above, at 1105 P. m.

The CAUSE OF DEATH* was as follows: Sepsis throat

after Tonsilectomy Acute Coronary Thrombosis

Arteriosclerosis Hypertension

Septicemia

(duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Coronary Occlusion

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Albert Reuben M. D.

19 , 19 (Address) 1005 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: 7/27/1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

...c.—8-16-29—L. F. S.—100 Bks.

14735

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14735

## CERTIFICATE OF DEATH

Baltimore, Md. 93-C

1—PLACE OF DEATH 114 Hawthorne Road Baltimore REGISTERED NO.

ITY OF BALTIMORE: (No. 114 Hawthorne Road WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Amoss Bowdon

(a) RESIDENCE NO. 114 Hawthorne Road WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel L. Bowdon

ATE OF BIRTH (month, day, and year) Unknown 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | — | — | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Usual

(c) Name of employer

IRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER William Amoss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Margaret ? ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dambridge Maryland

Informant Mrs S.S. Bowdon husband

(Address) 114 Hawthorne Rd

Filed 6 1935 Huntington Williamsburg N.Y.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1935

17 I HEREBY CERTIFY That I attended deceased from June 12, 1935 to July 25, 1935,

that I last saw her alive on July 24, 1935

and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic and
Myocardial degeneration

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, generalized

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Geraghty M. D.

, 19 (Address) 3047 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem DATE OF BURIAL July 27 1935

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS No Pa Ave.

pec.—6-9-19—H. P. Co.—1000 Bks.

14736 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14736

# CERTIFICATE OF DEATH.

94-a

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23 W. Mt Royal ave ST.: 11 WARD)

2-FULL NAME Anna Williamson

(a) RESIDENCE. No. 23 W. Mt. Royal ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Williamson

DATE OF BIRTH (month, day, and year) April 13-1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 71 | 3 | 12 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) own home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER James McIntyre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McCourt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant City Welfare

(Address) 1125 W. Lanvale

Filed . 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1935

17 I HEREBY CERTIFY, That I attended deceased from July 24 - 35 - to July 26 - 1935 -

that I last saw her alive on July 24 1935

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. K. Johnson M. D.

7-25-1935 Address Medical Arts Bg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral Cem

DATE OF BURIAL: July 27 1935

20 UNDERTAKER: John C. Mitchell & Son

ADDRESS: 1900 Eutaw Pl

6 1935

F 14737

14737

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Irving Smith

(a) Residence: No. 3707 Brooklyn Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Male | White. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/7/1917

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 18 | — | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Lena Berwick

16. BIRTHPLACE (city or town) (State or country) Balto -

17. INFORMANT mother.

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Cedar Hill Date July 29 1935

19. UNDERTAKER John F. Delany

(Address) 715 Light St

[illegible] 1935

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 7/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1935 to 7/26 1935

I last saw him alive on 7/26 1935 Death is said to have occurred on the date stated above, at 9 20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis, meningococcus | 9 days |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. P. 1268-9

F 14738

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 107-W

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged (Institution)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Julius Proler

(a) Residence: No. Belvedere & Greenspring Aves. Ward

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rima Proler

7. DATE OF BIRTH (month, day, year)

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 91 | | | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Benj. Proler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Feinbaum Supt.

(Address) Belvedere & Greenspring Aves

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster, Pa. Date 7-28- 1935

19. UNDERTAKER Jack Kevra Inc.

(Address) 1739 E. Baltimore St., Huntington Williams, Nat'l Bank

20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1935 to 7-26 1935

I last saw him alive on 7-26 1935 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 7-22-35 |
| Arteriosclerosis | |
| Hypertension | |
| Other contributory causes of importance: | |
| Chr. Bronchitis | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

c.—2-29-28—L. F. S.—500 Blks.

14739 F 14739

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

191

REGISTERED NO. .....

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 745 N. Fairmount Ave. WARD 4)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ~~745 N.~~ Gladys Taylor

(a) RESIDENCE NO. 745 N. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE Female Col

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) married

married, widowed, or divorced HUSBAND of (or) WIFE of Richard Taylor

TE OF BIRTH (month, day, and year) 1911

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 24 | | | |

CUPATION OF DECEASED

a) Trade, profession or particular kind of work wife

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) State or country) Spartanburg S.C.

0 NAME OF FATHER don't know

1 BIRTHPLACE OF FATHER (city or town) " (State or country)

2 MAIDEN NAME OF MOTHER "

3 BIRTHPLACE OF MOTHER (city or town) " (State or country)

Informant R. Taylor

(Address) 745 N Fairmount ave

Filed 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24-35

17 I HEREBY CERTIFY, That I attended deceased from 7-21-35, 19 .., to 7-24-35, 19 ..

that I last saw her alive on " , 19 ..

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Fall down stairs due to Heat & Exhaustion, producing internal injuries

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) sunstroke

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cardozo M. D.

, 19 (Address) 1524 Hillman

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spartanburg S C — DATE OF BURIAL July 28 1935

20 UNDERTAKER Joseph A. Lively — ADDRESS 469 N Howard St

OK F.L.C. Holman M.D. 2757 Wyoming Ave

Attention Willie Mae Taylor

D. B. 1268-9

F 14740

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14740

## CERTIFICATE OF DEATH

1 V 59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St Josephs Hospital St. 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Lowman

(a) Residence: No. Shelbourne Rd. Arbutus Md. Ward. no War
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emory Lowman

6. DATE OF BIRTH (month, day, year) July 2. 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 41 | 0 | 24/23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert S. Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura V. Burningham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Emory Lowman
(Address) Arbutus Md

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 29 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 1935 Huntington Williams ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1935 to 7-25 1935
I last saw her alive on 7-25-35 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension Arteriosclerosis Diabetes Mellitus. | |

Other contributory causes of importance:
Coronary Occlusion Bronchopneumonia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H M Magruder M. D.
(Address) ...

6-9-19—B. P. Co.—1000 Bks.

14741

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 21-A

1-PLACE OF DEATH

CITY OF BALTIMORE (a) No. 710 Glenwood Ave (WARD) 27 ST.:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Parker H. Lee

(a) RESIDENCE. No. 710 Glenwood ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, ~~Widowed~~, ~~Divorced~~ (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah M. Lee

6 DATE OF BIRTH (month, day, and year) Jan 16- 1873

| AGE | Years | Months | Days |
|---|---|---|---|
| | 62 | 6 | 9 |

If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) U. F & G. 0008

(c) Name of employer Insurance Co

8 BIRTHPLACE (city or town) (State or country) Belair Md

10 NAME OF FATHER Richard Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belair Md

12 MAIDEN NAME OF MOTHER Mary P Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belair Md

14 Informant (Address) Beulah M. Lee 710 Glenwood Ave

FILED 1935 Huntington Williams, Registrar

DEC 17

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1935

17 I HEREBY CERTIFY, That I attended deceased from May, 1935, to July 29, 1935, that I last saw h alive on July 29, 1935, and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H K Gossett M. D.

July 31, 1935 (Address) 111 N Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park | July 29 1935 |
| 20 UNDERTAKER Wm Cook | ADDRESS 1217 N Reed |

F 14742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6509 Glen Oak Ave. St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret (Maggie) Hinkle

(a) Residence: No. 6509 Glen Oak Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1884?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51? | 1 | 4 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1869

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Hinkle

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Boehline

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary C. Schepers
(Address) 6509 Glen Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross (Brooklyn) Date 7/29/35

19. UNDERTAKER A. Rauch
(Address) 5305 Harford Rd.

1935 Hunting for Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25/35, 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to July 26, 1935

I last saw h.. alive on July 25, 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1934 |

Other contributory causes of importance: —

Name of operation — Date of .....

What test confirmed diagnosis? Rep Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Myrtle Stiffler, M. D.

(Address) 1319 Light St.

D. P. 1268-9

14743

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Lee Chavas

(a) Residence: No. 1926 Sterling Av Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Child |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 17, 1934

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 8 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) S. Carolina

13. NAME George Chavas

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Ida May

16. BIRTHPLACE (city or town) (State or country) S. Carolina

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date July 26 1935

UNDERTAKER Bryson

(Address) 1631 Orleans St

1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935 to July 25, 1935

I last saw her alive on July 25, 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - acute primary lobar | about July 14th |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lydia Johns Edwards M. D.

(Address) Hopkins Hospital

F 14744

4744 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Taylor

(a) Residence: No. 622 W. Saratoga st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Queen Taylor

6. DATE OF BIRTH (month, day, year) May 26, 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lonnie Taylor

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Flora Parker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pikesville Md Date July 26 1935

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans st

20. FILED 6 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 20, 1935

I last saw him alive on July 20, 1935. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlin, M. D.

(Address) Baltimore City Hospital

✓ F 14745

745

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 170 E Biddle St., 24 Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 170 E Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Hartman

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 60 27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME OF FATHER Thomas Lee

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME OF MOTHER Cath Mc Mahan

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Henry Hartman (Address) 170 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 7/29 1935

19. UNDERTAKER Edward J. Geoghegan (Address) 1727 Pennsylvania Ave

20. FILED 7/29/35 Harrington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1935 to July 25 1935

I last saw her alive on July 25 1935 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis Duration | |
| Other contributory causes of importance Acute dilatation of heart | 7/24/35 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

7/26/35 (Signed) T. C. Campbell M.D. (Address) 1644 Hanover St.

✓ F 14746

Spec.—6-9-19—H. P. Co.—1000 Bks.

14746

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

107-W

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 5200 St Georges Ave (WARD) 27

2-FULL NAME Eleanora D. Kirk

(a) RESIDENCE. NO. 5200 St Georges Ave WARD.

(Usual place of abode)

(If nonresident give city and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran No

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles R

DATE OF BIRTH (month, day, and year): Oct 7 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 9 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 0000

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Talbot Co Md

10 NAME OF FATHER: James Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md

12 MAIDEN NAME OF MOTHER: Sarah Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co Md

Informant: James H. Kirk

(Address) 5200 St Georges Ave

Filed 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25th 1935

17 I HEREBY CERTIFY, That I attended deceased from July 24th, 1935, to July 25th, 1935, that I last saw her alive on July 25, 1935, and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal observation

(Signed) I for Conrad Boden, M. D.

19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 29 1935

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul

✓ F 14747

Doc.—6-9-19—H. P. Co.—1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14747

## CERTIFICATE OF DEATH.

45-B

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1746 (Street) Carswell (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Wirth

(a) RESIDENCE. No. 1746 Carswell St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran? No

Recently from Penna

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Bertha E. Wirth

DATE OF BIRTH (month, day, and year) Mar 28th 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 68 | 3 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 0086

(b) General nature of industry, business, or establishment in which employed (or employer) Attendant

(c) Name of employer Walter Bath House Balto

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER George Wirth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Bertha E. Wirth 1746 Carswell St

Filed 7 1935 Huntington Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25th 1935

17 I HEREBY CERTIFY, That I attended deceased from April 10 1935, to July 25 1935, that I last saw him alive on July 24 1935, and that death occurred, on the date stated above, at 7th a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - tongue

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? ~

What test confirmed diagnosis? Clinical

1/21/35 (Signed) Fritz D Kemper, M. D.

(Address) 2700 Hoffman Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: 7/27/35

20 UNDERTAKER: Wm Cook 1219 Eutaw St

ADDRESS

D. B. 1268-9

14748

✓ F 14748

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2554 Pennsylvania ave. Ward) 15

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME James C. Frisbett

(a) Residence: No. 2554 Pennsylvania ave Ward. Record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Florence Frisbett

DATE OF BIRTH (month, day, year) Oct. 4 1864

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cunningham & Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Westminster Md.

13. NAME Lorenzo D. Frisbett

14. BIRTHPLACE (city or town) (State or country) Westminster

15. MAIDEN NAME Mary E. Forest

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Florence Frisbett

(Address) 2554 Pennsylvania ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 29th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 Huntington Williams, M.D.

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Kapp Coroner, M. D.

(Address) 1615 Hanover St.

B 1268-9

✓ F 14749

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14749

## CERTIFICATE OF DEATH

186-a

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. Johns Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Mrs. Mary DeVoe

(a) Residence: No. 115 West Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

No Record

### ERSONAL AND STATISTICAL PARTICULARS

| | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Widow |

married, widowed, or divorced
(HUSBAND of (or) WIFE of William A. DeVoe

TE OF BIRTH (month, day, year) May 6 - 1858

| E Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 77 | 2 | 19 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none X

Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) Baltimore
(State or country)

NAME Christian Lange

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Christine Lange

BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Mrs Philomena Harris

(Address) 720 East Chelton Ave Philadelphia

URIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 27th 1935

NDERTAKER Wm Cook

(Address) 1217 St Paul St

LED 1935 Huntington Wm Cook Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 - 1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on January ..., 19... Death is said to have occurred on the date stated above at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 7/20/35 |
| Fracture of Rt. Femur | |

Other contributory causes of importance:

" Senility "

Name of operation ... Date of ...

What test confirmed diagnosis? Weakening of heart. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accidental Date of injury July 20 1935

Where did Injury occur? at Baltimore
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of injury Slipped & fell on floore

Nature of injury Fractured Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

B 1268-9

F 14750

1750

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

118

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 919 China St. St., 21 Ward)

th of residence in city or town where death occurred 5 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Eleanore King.(C)

(a) Residence: No. 919 China St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

TE OF BIRTH (month, day, year) February 28, 1910

| E Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 25 | 4 | 26 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia.

. NAME Richard King.(C)

. BIRTHPLACE (city or town) (State or country) Virginia.

. MAIDEN NAME Mary Robinson.(C)

. BIRTHPLACE (city or town) (State or country) Virginia.

FORMANT (Address) Mary King.(C)mother. 911 S.Fremont Ave.

URIAL, CREMATION, OR REMOVAL Place Mt Calvary Date July 28 1935

NDERTAKER (Address) James H Stanyon 1442 Wilkins Ave

FILED 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Indigestion. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M Heinhardt M. D.
Coroner

7/25/35 (Address) 1017 E. Charles St.

B 1268-9

F-4751

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X122B

14751

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(Length of residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harriet E. Webster.

(a) Residence: No. 208 Belle Grove Rd. A.A.Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced
(or) WIFE of Moses Webster

7. DATE OF BIRTH (month, day, year) March 1, 1868

| 8. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 4 | 23 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Pennsylvania.~~ Md

13. NAME OF FATHER George Jory.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

15. MAIDEN NAME OF MOTHER Annie Stauter.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Hattie G. Greenstreet. (daughter.)
(Address) 208 Belle Grove Rd. A.A.Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 27. 1935

19. UNDERTAKER John F. Dehoney
(Address) 715 Pennington Ave.

Filed 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... Death is said I last saw h... alive on ..., 19... to have occurred on the date stated above, at 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner
7/24/35
(Address) 1017 E. Charles St.

D. B. 1268-9

O.K - Paul Schenken - Comm

14752

F 14752

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Forrester Cve St., 27 Ward)

Length of residence in city or town where death occurred 87 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Henry Thomas Bell

(a) Residence: No. 3905 Forrester Cve St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Ellen Bell

DATE OF BIRTH (month, day, year) May 13 1848

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 87 | 2 | 11 12 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad Co

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Brooke Bell

14. BIRTHPLACE (city or town) (State or country) Georgetown DC

15. MAIDEN NAME Mary E Peterson

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary E. Bell
(Address) 3905 Forrester Cve.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 29 1935

UNDERTAKER Albert L Nitt Jr
(Address) 1210 N Charles Street

FILED ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935 to July 25 1935

I last saw h me alive on July 20 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1 week ago |
| Other contributory causes of importance? Shock + contusions follow fall | July 18 |

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc Date of injury July 18 1935

Where did injury occur? 3905 Forrester Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fall down steps at home

Manner of injury. Fall.

Nature of injury Shock. multiple contusions

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) J. S. Hardesty M. D.

(Address) 451 E Belair St

. B 1268-9

F 14753

4753 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eugene Bryan Trexler

(a) Residence: No. 1617 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Widowed |

married, widowed or divorced HUSBAND of (or WIFE of) Laura Trexler

TE OF BIRTH (month, day, year) Nov. 17, 1854

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 8 | 8 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Redman-Vane Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Dorchester County
(State or country) Maryland

. NAME Isaac Starr Trexler

. BIRTHPLACE (city or town) Maryland
(State or country)

. MAIDEN NAME ?

. BIRTHPLACE (city or town) ?
(State or country)

NFORMANT William E. Trexler

(Address) 1603 E. 25th St.

URIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 27, 1935

NDERTAKER John F. Denny

(Address) 715 Cathedral St

ILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Abrasions of Rt. arm. | |
| Other contributory causes of importance: | |
| Intra - cranial hemorrhage | |

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 25, 1935

Where did injury occur? 1617 E. Lanvale St - Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Jumped.

Manner of injury Fell out of Window

Nature of injury Fractured Skull - Intra cranial hem.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Nhemper, M. D. Coroner

(Address) 1919 E. North Ave

. B 1268-9

✓ F 14754

# HEALTH DEPARTMENT—CITY OF BALTIMORE

4754

## CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 55 S. Stockton St., 18-3 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jennie Martin

(a) Residence: No. 55 S. Stocton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Martin

ATE OF BIRTH (month, day, year) Aug 29-1869

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 10 | 26 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R. Co

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

2. NAME Unknown

4. BIRTHPLACE (city or town) (State or country) Ireland

5. MAIDEN NAME unknown

6. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Daughter Joseph Fitzsimmons

(Address) 55 South Stocton

URIAL, CREMATION, OR REMOVAL

Place St Peters Date 7/29/35 19

NDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 7/25/1935

Other contributory causes of importance:

no history of other diseases

Name of operation sudden death Date of —

What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

F 14755

4755

# HEALTH DEPARTMENT—CITY OF BALTIMORE

122-a

## CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto. City Hoopt. St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Jacob Zbonzecki

(a) Residence: No. 2415 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Zbonzecki

DATE OF BIRTH (month, day, year) Jan 14 1866

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 6 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Jacob Zbonzecki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Balto City Hoopt

(Address) Recovery

BURIAL, CREMATION, OR REMOVAL Holy Sepulchre July 29 1935

UNDERTAKER Rosary Co

(Address) 1000 E. Lanvale St.

Filed Aug 1 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-24 1935 to 7-26 1935 last saw him alive on 7-25 1935 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Incarcerated Hernia, left | 3 days |
| Pulmonary edema | 1 day |

Other contributory causes of importance:

Was an operation performed? yes Date of 7-24-35

For what disease or injury? Incarcerated Hernia

Name of operation Herniotomy Date of 7-24-35

What test confirmed diagnosis? Incarceration & Release by operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robt J. Martin M. D.

(Address) Balto City Hoopt.

B 1268-9

F 14756

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14756

## CERTIFICATE OF DEATH

165

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Washington St., 7 Ward)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME James Vaclav Kocka

(a) Residence: No. 941 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of (~~or WIFE~~) Rose Kocka

DATE OF BIRTH (month, day, year) October 11, 1885

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 9 | 15 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Vaclav Kocka

11. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

12. MAIDEN NAME Balaun

13. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

14. INFORMANT Rose Kocka

(Address) 941 N. Washington St.

15. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 29, 1935

16. UNDERTAKER Frank Brack Son

(Address) 1906 Gold and Co.

Huntington Williams, N.Y.

17. FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 A. ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation | |
| Other contributory causes of importance: | |
| Asphyxia | |

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury July 26, 1935

Where did injury occur? 941 N. Washington St. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Strangulation by hanging

Nature of injury Strangulation — Asphyxia

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave

D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14757

14757

92a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Broadway St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ruth Ruby

(a) Residence: No. 1303 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Ruby

6. DATE OF BIRTH (month, day, year) March 10, 1895.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME George Lynch

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Ida Vraegel

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Margaret Nowack

(Address) 1303 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 7/29/35, 19..

Place

19. UNDERTAKER Hurd & Hurtt

(Address) 4701 Kingsdon Ave.

20. FILED JUL 27 1935 Registrar.

Copy

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21- 1935 to July 25- 1935.

I last saw her alive on July 24 1935 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency due to goitre | 1930 |
| over | |
| Other contributory causes of importance: Gall bladder (cholecystitis) Heart arteriosclerosis | 4 days 4 days |

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Seymour Pinsker M. D.

(Address) 1202 W Northern

D. P. 1268-9

14758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14758

## CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH St. Agnes' Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton avenues St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie E. Woodall

(a) Residence: No. 205 Glenmore ave St., Ward. (Usual place of abode) Catonsville (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin D Woodall

DATE OF BIRTH (month, day, year) July 15, 1870.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME Alex Marshall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Edwin E. Woodall

(Address) 205 Glenmore Ave. Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 7/29/35, 19

UNDERTAKER Harry A. Little

(Address) 1600 Harlem Ave

FILED JUL 27 1935 Harry Whitington for Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935 to July 25, 1935.

I last saw her alive on July 25, 1935. Death is said to have occurred on the date stated above, at 3 40 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Essential Hypertension | ? |
| Hypertensive Heart disease | ? |
| Cerebral accident c left hemiplegia | 5/1/35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred D. Steinmueller, M. D.

(Address) 12 E St Paul

...-2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14759

## CERTIFICATE OF DEATH

93-C

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W. Mulberry ST., 20 WARD)

2—FULL NAME Fredricka Katherine Graefe

(a) RESIDENCE NO. 1912 W. Mulberry ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth 69 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Herman E. Graefe

6 DATE OF BIRTH (month, day, and year) April 3, 1859.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 3 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Ludwig C. Brunier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Herman E. Graefe

(Address) 1912 W. Mulberry St.

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to July 26, 1935

that I last saw her alive on July 26, 1935

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis Physical Exam

(Signed) Carlos J. Baggott, M. D.

7/26, 1935. (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 7/29/35 19

20 UNDERTAKER: Harry H. Dietzke

ADDRESS: 4101 Edmondson Ave.

F 14760

14760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

FULL NAME Mary Lehnert

(a) Residence: No. 4950 Edgemere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Lehnert

DATE OF BIRTH (month, day, year) Dec. 25 1875

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 6 | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Lissenmeyer

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Berline

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John J. Lehnert

(Address) 4950 Edgemere Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date July 29 1935

UNDERTAKER George L. Schwat

(Address) 2101 Frederick Ave

FILED 7-29 1935 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19 1935 to July 25 1935

I last saw her alive on July 25 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Chronic myocarditis c myocardial failure | |
| Other contributory causes of importance: Bronchio-Pneumonia | |

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Ramsey M.D.

(Address) Maryland General Hosp.

M. D. B 1268-9

14761 ✓ F 14761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-0

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 S. Conkling St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in Baltimore where enumerated: 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 56 mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Wesolek

(a) Residence: No. 924 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constance

6. DATE OF BIRTH (month, day, year) Unknown 1868

7. AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steelworks

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kashor. Germany, Poland.

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Wesolek

(Address) 928 Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date July 27 1935

19. UNDERTAKER Mastyk & Eiffel

(Address) 37 S. Carey St.

Filed ... 19... Registrar.

7 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above. 6.30 PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolism | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Wright M. D. Coroner

(Address) 1605 S. Edmondson Ave

F 14762

14762 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Belnord ave St., 6 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy M Swift

If U. S. Veteran specify WAR .....

(a) Residence: No. 126 N Belnord ave., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 22 | 3 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Joseph P Swift

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Catherine Rudroff

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Joseph P Swift
(Address) 126 N Belnord ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July 29, 1935

UNDERTAKER Martin N.C. Dippel
(Address) 922 Lanvale St.

FILED Huntington Millspaugh & Co.
JUL 30 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 10 1935 to July 26, 1935

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| Other contributory causes about 2 years (?) | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jos L. Valentine M.D.

(Address) 16 S. Broadway

D. B. 1268-9

✓ F 14763

903

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Sa 14763

## CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dannemann

(a) Residence: No. 1917 E Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of July 10 - 1930

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Dannemann

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Bongard

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 29 1935

UNDERTAKER Martin W. E. Gifford

(Address) 32 S Linn St. Huntington Williamsport Ind.

FILED 7 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to July 26 1935

I last saw him alive on July 26 1935 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peripheral Neuritis | 6-10-35 |
| Lead poisoning ? | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Washington, M. D.

(Address) Johns Hopkins Hosp.

D. P. 1268-9

✓ F 14764

14476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Dodson

(a) Residence: No. 1426 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/15/34

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| | 8 | 11 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME Dennis Dodson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Nancy Hawkins

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 29th

UNDERTAKER A. Jones
(Address) 41 S. Eutaw st

FILED 7 1935 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 . 1935 to July 26 . 1935
I last saw her alive on July 26 . 1935 Death is said to have occurred on the date stated above, at 5-30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Meningitis meningococcic | 6-1-35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? LP Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John A. Washington, M. D.

(Address) Johns Hopkins Hosp.

H. D. B 1268-9

F 14765

14765

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secure Hospital 186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? Life yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Catherine Duckett

If U. S. Veteran specify WAR .....

(a) Residence: No. 930 N. Pentalow St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm H Duckett

6. DATE OF BIRTH (month, day, year): July 7 1853.

7. AGE: Years 82; Months 0; Days 19; If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME of Father: Wm Bannon

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of Mother: unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mrs Wm J. Bowers 930 N. Pentalow

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date 7/29/ 1935

19. UNDERTAKER (Address): John J Coyne & Son 4 E Lexington St

Huntington Indiana, Nov. 19

20. FILED 7 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured R. femur | 5/25- |
| | 95- |

Other contributory causes of importance: Intestinal Obstruction

Was an operation performed? no Date of .....

For what disease or injury? Fracture Set Fracture

Name of operation: Reduced fracture Date of 5/25 35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/25 1935

Where did injury occur? In her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Slipped & fell on floor

Nature of injury Fractured R femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

D. P. 1268-9

14766 ✓ F 14766

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

890a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loretta Mills

(a) Residence: No. 2019 Booth Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Single. |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27, 1922

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 12 | 8 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Bernard Mills

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Borath

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mother Mrs Agnes Mills

(Address) 2019 Booth Street

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/29/ 1935

UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St

FILED 3 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to July 26, 1935

I last saw her alive on July 26, 1935. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Otitis media | July 21 |
| Mastoiditis | |
| Streptococcus meningitis | July 21 |
| Other contributory causes of importance: | |
| Bronchopneumonia | July 24 |

Name of operation Mastoidectomy Date of July 24

What test confirmed diagnosis? Spinal puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Lyndenham Hospital

D. B. 1268-9 F 14767 ✓ F 14767

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yr. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nasid Tritle

(a) Residence: No. 357 Lincoln Way West Ward. Chambersburg, Pa

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) 8/6/60

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 10 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penn-

13. NAME John Fitte Tritle

14. BIRTHPLACE (city or town) (State or country) Penn -

15. MAIDEN NAME Nancy Hyssler

16. BIRTHPLACE (city or town) (State or country) Penn -

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Pa Date July 28 1935

UNDERTAKER Wm. J. Trickett & Son

(Address) Main & Queen Sts

FILED 28 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to July 27, 1935

I last saw him alive on July 27, 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Post-operative | 7-24-35 |
| Urinary Tract Infection | 7-13-35 |

Other contributory causes of importance:

Name of operation Perineal Prostatectomy Date of 7-17-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carroll C. Stauff, M. D.

(Address) Johns Hopkins Hospital

F 14768 ✓ F 14768

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp St., 15 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Bessie Haynie

(a) Residence: No. 1801 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Mulatto | Divorced |

If married, widowed, or divorced HUSBAND of (or) WIFE of Carlie

DATE OF BIRTH (month, day, year) Sept 16 1896

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 10 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lynchburg Va

13. NAME Not Known Mrs Barrett

14. BIRTHPLACE (city or town) (State or country) James Barrett Va

15. MAIDEN NAME Florence Haynes Ford

16. BIRTHPLACE (city or town) (State or country) Va Not known

INFORMANT Records Bur.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hicomico Va Date July 26 1935

UNDERTAKER John F. Schoop
(Address) 715 Eager

FILED 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1934 to 7/25, 1935

I last saw her alive on 7/25, 1935 Death is said to have occurred on the date stated above, at 3 45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolus (?) | 1 day |
| Hypertension | 5 |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. B. 1268-9 F 14769

F 14769

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Hospital for the Women of Maryland St.) Ward)

gth of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME (Mrs) Lena Cooks (Koch)

(a) Residence: No. 638 S. Belnord Ave. St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Cooks

ATE OF BIRTH (month, day, year) May 1 1863

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 2 | 25 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseat home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME Ehlers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mrs Katie Stallings

(Address) 638 S. Belnord ave

BURIAL, CREMATION, OR REMOVAL

Pl Greenmount Cemetery Date July 28 1935

UNDERTAKER John J. Duffy

(Address) 716 E. 41st St

FILED ... 19... Registrar.

JUL 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to July 26 1935

I last saw her alive on July 26 1935. Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | ? |
| Uraemia | 2. |
| | |
| | |
| | |
| Other contributory causes of importance: Arterio-sclerosis - generalized with hypertension | 2 |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry M. Hansen M. D.

(Address) Hospital for the Women of Maryland

✓ F 14770

F 14270

6-9-19 M. F. Co. 1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E

## CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH
CITY OF BALTIMORE: No. 836 Wilmont ST.: 10 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline M. Huff

(a) RESIDENCE. NO. 836 Wilmont ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Was U. S. Veteran? No

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Huff

DATE OF BIRTH (month, day, and year) Sept 3- 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 10 | 24 | |

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany Everhardt

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant John J. Scheidt
(Address) 3014 Edmondson

Filed ..... 19 ..... Registrar

28 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1935

17 I HEREBY CERTIFY, That I attended deceased from June 25 . 1935 . to July 27 . 1935 .
that I last saw h[illegible] alive on July 26 . 1935.
and that death occurred, on the date stated above, at 11 a m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Gall Bladder
with metastases

(duration) (3) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Passive congestion (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Singer, M. D.

, 19 (Address) 504 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 7/29/35 19

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

F 14771 F 14771

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94B

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Hudgins.

If U. S. Veteran specify WAR No

(a) Residence: No. 1914 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White. | Separated. |

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Mary E. Hudgins

DATE OF BIRTH (month, day, year) 11/2/1869.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 8 | 24 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Trust Co

10. Date deceased last worked at this occupation (month and year) June 30 1935

11. Total time (years) spent in this occupation 2.

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Hugh Hudgins. Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eliz. Lewis.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Gilbert Hudgins

(Address) 407 W. Oliver St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 29th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Hunting for Williams Clerk

8

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/13. 1935 to 7/26 1935

last saw him alive on 7/26 1935 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (?) | 1 mo (?) |
| Myocardial insufficiency | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Ruta M. D.

(Address) Balto City Hosp.

B 14772 ✓ E/14772

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

77a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James

(a) Residence: No. 410 N. Central St., Ave. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | — |

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 11-2-33

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 8 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md —

13. NAME Wm James

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Sarah McCoy

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Friends —

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Pt. Lookout Cem Date July 28, 1935

UNDERTAKER Mrs Robt A. Fleet & Daughter

(Address) 1629 Eastern Ave

FILED ..... 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20 - 35 - to July 25 - 35 - 19 35

I last saw him alive on July 25 - 35. Death is said to have occurred on the date stated above, at 7 20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lead poisoning | 7-1-35 |
| Lead encephalitis | 7-1-35 |

(Over)

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? L. Post. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hosp.

D. P. 1268-9 F 14783 ✓ F 14783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Peach Alley St., 22 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Jones Barlow

(a) Residence: No. 809 Peach St., ... Ward. 22
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) 3/3/1901

7. AGE: Years 34 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME OF FATHER Frank Jones

14. BIRTHPLACE OF FATHER (city or town) (State or country) N Y

15. MAIDEN NAME OF MOTHER Washington

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Va

INFORMANT Louise Handy

(Address) 606 Harvard St

BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. 7/28/35

UNDERTAKER Ezekiel L. Brown Jr.

(Address) 108 Monroe St

FILED ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, to July 27, 1935

I last saw h... alive on July 27, 1935 Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of heart | 7/26 |
| | |
| | |
| | Duration |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clinical Autopsy ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. J. Carroll M. D.

(Address) 109 W. Lee St

F 14774 ✓ F 14977

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

If U. S. Veteran specify WAR

FULL NAME Charles H Nace

(a) Residence: No. 4543 Ethelbert Rd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE Martha E Nace

DATE OF BIRTH (month, day, year) Apr. 18 1879

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 56 | 3 | 7 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Oil
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Home Rodgers Rd
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Ferdinand Nace

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Marsh

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Martha Nace
(Address) 4543 Ethelbert Rd

BURIAL, CREMATION, OR REMOVAL Loudon Park Date July 29 1935

UNDERTAKER S. S. Waisbrod & Bro
(Address) 3539 Eastern Ave

FILED JUL 29 1935 Huntington Williams, Asst. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21 1935 to 7-26 1935

I last saw ~~him~~ alive on 7-26 1935 Death is said to have occurred on the date stated above, at 6:50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | |

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Ramsey M. D.
(Address) Maryland General Hosp.

F 14785

F 14785

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Forrest St., 10 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Hoffman No Residence

(a) Residence: No. 1010 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 17 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 2 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Can Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Southern Can Co

10. Date deceased last worked at this occupation (month and year): 1915

11. Total time (years) spent in this occupation: Not Known

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John Hoffman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Hall Meyer (Cousin)

(Address) 1010 Forrest St

BURIAL, CREMATION, OR REMOVAL.

Place: Holy Redeemer Cem. Date: July 29, 1935

UNDERTAKER: Edward W. Coulbourn

(Address) 924 Edgar St

FILED: JUL 29 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932 to July 26, 1935

I last saw him alive on July 26, 1935 Death is said to have occurred on the date stated above, at 7 15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch nephritis | |
| Acute dermatitis + vesication | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) A. M. Hornstein, M. D.

(Address) 732 Cathedral St

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210 M F14776

Registered No. F 14776

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Andrew Wittstadt.

(a) Residence: No. 625 S. Conklin St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18/1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 13 | 10 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Andrew J. Wittstadt.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary L. Fischer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Andrew J. Wittstadt
(Address) 625 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart. C. Date July. 29 1935

19. UNDERTAKER Lilly & Zeiler
(Address) 465 Bond

20. FILED [illegible] 1935 [illegible]
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.55 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured liver | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 7/25/35
Where did injury occur? Conklin & Haven Rds
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Run over by truck
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Charles Grey Ayde, M. D.
Coroner
(Address) 1934 Eutaw Pl.

D. P. 15-9 [illegible]

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

[illegible] 10933 × 181 F 14777

Registered No. [illegible]

(If death occurred in a hospital or institution, give NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (Ward) 12th

Length of residence In city or town where death occurred ....yrs. .... mos. 7 ds. How long in U. S. If of foreign birth? ....yrs. .... mos. .... ds.

FULL NAME Frank Henry Bahlmann

(a) Residence: No. Piccadilly St. Winchester St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Bahlmann

DATE OF BIRTH (month, day, year) Mar 3, 1868

| AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 4 | 23 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward at Elks Club

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc Club 1086

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Anton Bahlmann

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Mary A Hunsan

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Mrs F. H. Bahlmann

(Address) 3006 N. Calvert St

15. BURIAL, CREMATION, OR REMOVAL Place Mt. Holy Redeemer Date July 30' 1935

16. UNDERTAKER Henry Hoeck Long Eng

(Address) 1301 E Eager St

17. FILED [illegible] 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... July ..... 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxaemia Burns | July 14 '35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury July 14 1935

Where did injury occur? Copley-Plaza Hotel Boston, Mass.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Hot water in shower bath

Nature of injury 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify .....

(Signed) Edward Lowe Coroner M. D.

(Address) Boston

F 14778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Edgewood St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Robert Lyon

(a) Residence: No. 2010 Edgewood St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of A. Lee Lyon

6. DATE OF BIRTH (month, day, year) 12/6/81

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 7 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept. City Reg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Oliver Parker Lyon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emma Miller

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. Lee Lyon
(Address) 2010 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 7/29/35

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

FILED JUL 28 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 19 27, to July 26th, 19 35

I last saw him alive on July 25, 19 35 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 1922 |
| Coronary Thrombosis | 7/26/35 |

Other contributory causes of importance: none

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. E. Taylor M. D.

(Address) 807 Cathedral St
3957 York Rd.

F 14779 ✓ F 14779

# HEALTH DEPARTMENT—CITY OF BALTIMORE F 14779

## CERTIFICATE OF DEATH

47B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2742 N. Calvert St. St., 12 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Stieff Baum

(a) Residence: No. 2742 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Effye Smith

6. DATE OF BIRTH (month, day, year) 8/22/79

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 11 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto. Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highways 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frederick K. Baum

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Alice Baum

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Effye S. Baum
(Address) 2742 N. Calvert St.

17. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemy. 7/29/35 19

18. UNDERTAKER Chas. O. Mitchell & Sons
(Address) 1900 Eutaw Place

19. FILED 19 Registrar.

JUL 28 1935 Examiner for Vital Statistics, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1934 to July 26th. 1935

I last saw him alive on July 26th, 1935 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Lung and Bronchus. Squamous Cell type.

Date of onset KNOWN Dec. 28th

Other contributory causes of importance: Metastasis.

Was an operation performed? yes. Date of June 28

For what disease or injury? for Diagnosis

Name of operation Enlarged Gland from neck Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 2742 N. Calvert St. M. D.

(Address) William L. Linton

D. B. 1268-9

4780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ **T 14780**

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ..... Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Jane Lyons

(a) Residence: No. 6109 Everall Avenue St., ..... Ward. K

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) July 23, 1934

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 0 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Howard Lyons

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Mildred Pinsker

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

INFORMANT Howard Lyons

(Address) 6109 Everall Avenue

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 30 1935

UNDERTAKER Gilbert & Sullivan

(Address) 2[illegible] Chester Street

FILED JUL 29 1935 [signature] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 1935 to July 27 1935

I last saw her alive on July 27 1935. Death is said to have occurred on the date stated above, at 10.45 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Tuberculous pneumonia | |
| Tuberculous meningitis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

14781 HEALTH DEPARTMENT—CITY OF BALTIMORE 14781

# CERTIFICATE OF DEATH

82a

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Joseph

If U. S. Veteran specify WAR

(a) Residence: No. 676 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Joseph

DATE OF BIRTH (month, day, year): 2nd February

AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Delaware

13. NAME: Nancy Wilson

14. BIRTHPLACE (city or town) (State or country): Del.

15. MAIDEN NAME: Nancy Morris

16. BIRTHPLACE (city or town) (State or country): Del.

INFORMANT: Daughter
(Address)

BURIAL, CREMATION, OR REMOVAL: Woodlawn. Date 7/30/35

UNDERTAKER: Bernard C Harlow
(Address) 1000 S Paca St

FILED 7/29/1935 Huntington Nottingham, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/35

22. I HEREBY CERTIFY, That I attended deceased from 7/24/35 to 7/28/35

last saw her alive on 7/28/35 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day |
| Cerebral Hemorrhage | 4 days |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | ? |
| Hypertension | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert G Reiter, M. D.

(Address) Balto City Hosp

F 14782

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Herr Jr.

(a) Residence: No. 122 E Weber St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma A Herr

DATE OF BIRTH (month, day, year) 7-7-04

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 31 | 0 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor Poore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Herr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Warmuth

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C.C. Date July 30 1935

19. UNDERTAKER Bernard A Harker

(Address) 121 E North St

20. FILED JUL 29 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28. 1935 to July 27. 1935

I last saw him alive on July 27. 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Empyema, right, chronic, thoracotomy | 8 yrs |
| Other contributory causes of importance: | over |
| Miliary tuberculosis | 2 days |

Name of operation Thoracotomy Date July 20

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M D Donahue, M. D.

(Address) JH Hospital

Spec.—12-9-25—A Co.—200 Bks.

F 14783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14783

## CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 N. Calhoun St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Blue

(a) RESIDENCE NO. 804 N. Calhoun St St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Blue

6 DATE OF BIRTH (month, day, and year): 1882 - Aug 8

7 AGE: Years 52; Months 10 11; Days 15 17; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town): Calvert Co.

(State or country): Md.

10 NAME OF FATHER: John Blue

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Carrie Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Calvert Co Md

PARENTS

14 Informant: Daisy Blue

(Address): 804 N Calhoun St.

Filed JUL 29 1935 Registrar Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25th 19 1935

17 I HEREBY CERTIFY, That I attended deceased from July 18 1935 to July 25 1935

that I last saw h.. alive on July 25 1935

and that death occurred, on the date stated above, at 5.45 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis ove

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Myocarditis (duration) yrs. 1 mos. d

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Ernest Hu-[illegible] M.

, 19 (Address) 2029 Pa. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Date of Burial July 29 19

20 UNDERTAKER: V. A. Brookes ADDRESS 1463 N. Ca

D. P. 1268-2

14784 ✓ F 14784

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93 II

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2. South Carey St., 19 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Chamberlain

(a) Residence: No. 2. South Carey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hanna E. Chamberlain

DATE OF BIRTH (month, day, year) April. 11. 1854

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 91 | 80 | 4 3 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co

13. NAME M. Chamberlein.

14. BIRTHPLACE (city or town) (State or country) Harford CO.

15. MAIDEN NAME Rebeca Billinger

16. BIRTHPLACE (city or town) (State or country) Harford Co

INFORMANT Daughter
(Address) 2. South Carey

BURIAL, CREMATION, OR REMOVAL
Place Elkridge M.E.Cem. Date July. 27 1935

UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

FILED JUL 29 1935 19... Registrar.

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7. 26. 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 25 . 1935 to July. 27. 35 . 19 ... I last saw h... im alive on July 27 . 1935. Death is said to have occurred on the date stated above, at 7. A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mito Cardial Insuffiency | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Joseph J. Murphy M. D.

(Address) 849 W. Baltimore St.

14735

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47c

Registered No. .....

PLACE OF DEATH U. S. Marine Hospital,
Baltimore, Maryland.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 87 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

FULL NAME Paul L. Vaughan

(a) Residence: No. 3622 Lucille Ave., St., Balto. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Beatrice C. Vaughan

DATE OF BIRTH (month, day, year) September 8, 1896

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 10 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore PostOffic

10. Date deceased last worked at this occupation (month and year) 6-28-35

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME Thomas J. Vaughan

14. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

15. MAIDEN NAME Alice Pulliam

16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL

Place U.S.National Date July. 29. 1935

UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts.

FILED JUL 29 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to July 26, 1935.

I last saw him alive on July 26, 1935 Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis, general, primarily | |
| mediastinum | 2 mos. |

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-1-35

For what disease or injury? Diagnostic purpose

Name of operation Excision of spec. Date of 7-1-35

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) E. T. Ceder, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

Attending Physician, U.S.P.H.S.

D. B. 4783

✓ F 14786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Essex St St., 1 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wojciech Trawinski

(a) Residence: No. 2107 Essex St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Trawinski

DATE OF BIRTH (month, day, year) Unk.

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME OF FATHER Walter Trawinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mary Trawinski
(Address) 2107 Essex St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 30 1935

UNDERTAKER Fred W Rzasnicki
(Address) 1930 Eastern Ave.

FILED ... 19 ... Registrar

JUL 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 27 1935

I last saw h[illegible] alive on July 17 1935 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 1 35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) William J Bauer M. D.

(Address) 701 Cathedral St

F 14757

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14757 47B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 243 S. Bouldin St., 26 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Patrick J. Byrne

(a) Residence: No. 243 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Byrne

DATE OF BIRTH (month, day, year) March 15, 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 4 | 11 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Alba

8. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Andrew Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary Kane

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT James W. Byrne

(Address) 3212 Eastern ave

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date July 29, 1935

UNDERTAKER John A. Nolan

(Address) 3000 E. Baltimore St.

Huntington Williams, M.D.

Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26/ 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to July 26 1935

I last saw him alive on July 26 1935 Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung — Duration: Feb. 1925

Other contributory causes of importance: Pulmonary Hemorrhage

Was an operation performed? no Date of none

For what disease or injury? no

Name of operation none Date of none

What test confirmed diagnosis? Biopsy John Hopkins Hospital Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury none 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. John F. Owens M. D.

(Address) 26 E. Preston St

D. B. 1268-9

✓ F 14788

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14788 × 920

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Broadway & Fairmount St., 6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? Life yrs. mos. ds.

2. FULL NAME Mr. Louis Paul — Balto Co.

(a) Residence: No. Warton Road St., Ward. Middletown
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced WIFE of (or HUSBAND of) Mae Paul

DATE OF BIRTH (month, day, year) March 3, 1899

| AGE Years | Months | Days | If LESS than 1 day, — hrs. or — min. |
|---|---|---|---|
| 36 | 4 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refinery (oil)

10. Date deceased last worked at this occupation (month and year) 6/26/35 (!) 11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Paul

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie Sewell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wife (Mrs. Mae Paul)

(Address) Warton Rd. Middletown, Md.

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date July 29, 1935

UNDERTAKER John A. Thiran

(Address) 3000 E. Baltimore St.

Filed JUL 29 1935, 19 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to July 26, 1935

I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease with aortic & mitral stenosis & insufficiency | 4/29/35 (?) |
| Other contributory causes of importance: Terminal Broncho-pneumonia (Rt Base) | 7/25/35 |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary

c.—2-29-28—L. F. S.—500 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14789 ✓ F 14789

## CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 2333 W. Mosher Street ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George G. Morris

(a) RESIDENCE NO. 2333 W. Mosher Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 70 yrs. 11 mos. 12 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ale | White | Married |

f married, widowed, or divorced
HUSBAND of XXX. XXXXX Jennie T. Morris

ATE OF BIRTH (month, day, and year) Aug 15th 1864

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 11 | 12 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tally Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Balti ore, Md.
State or country)

0 NAME OF FATHER Thomas O. Morris

1 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

2 MAIDEN NAME OF MOTHER Mary Garrett

3 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

Informant Mrs Jennie T. Morris

(Address) 2333 W. Mosher Street.

Filed ..., 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27-35

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to July 27, 1935; that I last saw h in alive on July 27, 1935 and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2333 [illegible] St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? General Test

(Signed) E Miles Woolet, M. D.

7/28, 1935 (Address) 2129 N Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Carmel | July 29, 35 |
| 20 UNDERTAKER W. J. Jackson & Son | ADDRESS L Fa |

F 14790 ✓ B 14790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46B

Registered No. .....

PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Pinckney Lewin Sothoron

(a) Residence: No. 1406 Bolton St (~~W. E. Madison St.~~), City, ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (~~WIFE~~) of Corinne Sothoron

DATE OF BIRTH (month, day, year) May 28, 1886

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 1 | 28 29 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker-Stock

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private office 042

8. Date deceased last worked at this occupation (month and year) February 1935 | 11. Total time (years) spent in this occupation 25

9. BIRTHPLACE (city or town) (State or country) Charlotte Hall Maryland

13. NAME H. J. Sothoron

14. BIRTHPLACE (city or town) (State or country) Charlotte Hall Maryland

15. MAIDEN NAME Lydia R. Cantrell

16. BIRTHPLACE (city or town) (State or country) Charlotte Hall Maryland

17. INFORMANT (Address) Wife

18. PLACE OF BURIAL OR REMOVAL Harford Co. Md Date July 29 1935

19. UNDERTAKER Wm J. Tickner & Sons

(Address) North & Fulton Aves

FILED JUL 29 1935 19— Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9 1935, to July 27 1935.

I last saw him alive on July 27 1935. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colloid Carcinoma of stomach | June 1932 |

Other contributory causes of importance:

None

Was an operation performed? yes. Date of 10-13-32

For what disease or injury? Carcinoma of stomach

Name of operation Resection of stomach Date of 10-13-32

What test confirmed diagnosis? operation + autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Leslie Fleming M. D.

(Address) Union Memorial Hosp.

791 ✓ B 14791

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1686 Darley Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Dr. Arthur D. Mansfield

(a) Residence: No. 1686 Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hugo

DATE OF BIRTH (month, day, year) June 25. 1868

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 1 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 0054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard W. Mansfield

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT R. L. Mansfield

(Address) 1686 Darley Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30. 35

UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

FILED JUL 29 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935 to July 27, 1935

I last saw h[illegible] alive on July 27, 1935 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6 days |
| Arterio Sclerosis | 6 y. |
| Hypertension | 6 y. |
| Broncho Pneumonia | 3 d. |
| Other contributory causes of importance: | |
| Chronic Interstitial Nephritis | 6 y. |

Was an operation performed? no Date of

For what disease or injury? no

Name of operation None Date of

What test confirmed diagnosis? Urinalysis & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Harford Road

T 14792

14792

3019 62

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 72B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Claude E. Herndon

(a) Residence: No. 605 Magnolia ave St., Ward. Sanford Florida

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 11-17-11

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 8 | 12 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fla

13. NAME Claude Herndon

14. BIRTHPLACE (city or town) (State or country) Fla

15. MAIDEN NAME Lilly Evans

16. BIRTHPLACE (city or town) (State or country) Fla

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sanford Fla Date July 31, 1935

UNDERTAKER Arthur C. Mitchell & Sons

(Address) 900 Eutaw Place

FILED [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to July 28, 1935

I last saw him alive on July 28, 1935. Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkin's disease | Aug, 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ward B. Allan, M. D.

(Address) Johns Hopkins Hospital

JUL 29 1935

14793 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

821

Registered No. 14793

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. 41st. St., 9 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa N. Price

(a) Residence: No. 715 E. 41st. Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Handy N. Price

6. DATE OF BIRTH (month, day, year): Feb. 2, 1863

7. AGE: Years 72 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Eulah London

(Address) 909 E. 41st Street

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 29, 1935

UNDERTAKER: E. Leroy Steffey, Inc.

(Address) 325 E. North Ave.

FILED JUL 29 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to July 25, 1935

I last saw her alive on July 25, 1935 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset 7/21/35

Other contributory causes of importance: High Blood Pressure — 5/1/20

Was an operation performed? no Date of none

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Grave Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. C. Kyser, M. D.

(Address) 3 W. of Howard, Md.

Huntington Printing Co., Inc.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

T 14784

48

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. 715 E. 41st St., 9 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

ngth of residence In city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Ethel L. Price

(a) Residence: No. 715 E. 41st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 21, 1888

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 2 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0009

10. Date deceased last worked at this occupation (month and year) 2/35

11. Total time (years) spent in this occupation 27 yr

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Handy N. Price

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Eliza Jones

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Enoch Gaylord

(Address) 704 E. 41st St. Balto

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 29, 1935

UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

FILED JUL 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1935 to July 27 1934

I last saw h[illegible] alive on July 27, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Uterus | 1934 |

Other contributory causes of importance: none

Was an operation performed? Radium Date of 7/15/34

For what disease or injury? uterus

Name of operation Radium Date of 11

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury —, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred In industry, In home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. P. Haun M.D.

(Address) 7907 Harrison Blvd

D. B 1268-9

Curtis ✓ F 14795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

66291 JR

122B

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Park St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vashti Curtis

(a) Residence: No. 413 W. Carey St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 23, 1918

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 2 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Percy Curtis

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C

15. MAIDEN NAME Vashti Rogers

16. BIRTHPLACE (city or town) (State or country) Raleigh N. C

INFORMANT Mrs Vashti Curtis

(Address) 413 N. Carey St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 7/29, 1935

UNDERTAKER Joseph S. Lee Jr.

(Address) 1302 Fulton St.

FILED JUL 29 1935, Washington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1935, to July 26, 1935

I last saw her alive on July 26, 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 7/24 |
| Post-operative Adhesions | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. J. Harris, M. D.

(Address) Provident Hospital

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

E 14796

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William McKinley Ruffin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 McCulloh St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor Ruffin

DATE OF BIRTH (month, day, year): 9-14-1897

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 10 | 12 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6074

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): Prince George Co Va

13. NAME: Neal Ruffin

14. BIRTHPLACE (city or town) (State or country): Prince Geo Co Va

15. MAIDEN NAME: Lilly Jones

16. BIRTHPLACE (city or town) (State or country): Prince George Co Va

INFORMANT: Eleanor Ruffin

(Address): 1507 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place: Petersburg Va Date: 7/29/35 19

UNDERTAKER: Chas. H. Cooper

(Address): 3141 Calhoun St

FILED: JUL 29 1935 19

Stanton Wilkerson, M.D.

Coroner

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Inanition | July 26 |
| Coma | 35 |
| Other contributory causes of importance: Acute Nephritis | July 24 35 |

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S. Allen, M. D.

Coroner

(Address) 507 Augusta St

Stanton Wilkerson, M.D.

Coroner

14797 ✓ F 14797

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 14 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Boyce

(a) Residence: No. 1802 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Annie K. Boyce

DATE OF BIRTH (month, day, year) Nov 23rd 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8 | 5 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

11. Date deceased last worked at this occupation (month and year) 1900 | Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME James Boyce

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Elizabeth V.

16. BIRTHPLACE (city or town) (State or country) N.Y.

INFORMANT Annie Boyce
(Address) 1802 Bolton St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 31st 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUL 29 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-22-35, 19..., to 7-28-35, 19...

I last saw him alive on 7-28-35, 19... Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic C-V disease | 7-20-35 |
| Chronic Nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia | 7-22 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

D. B. 1268-9

5142 Park Heights Ave. F 14798

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14798

## CERTIFICATE OF DEATH

210M

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH In Front of 3554 Hickory Ave

TY OF BALTIMORE: (No. ..... St., 13 Ward)

gth of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William H. Charles.

(a) Residence: No. 3552 Roland Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child.

ATE OF BIRTH (month, day, year) March 23, 1931.

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 4. | 4 | 4 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) Dec 0 mo. | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Guerin Charles.

14. BIRTHPLACE (city or town) (State or country) Sebline, Ky.

15. MAIDEN NAME Alice McCarney.

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Alice McCarney Charles

(Address) 3552 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date July 29, 1935

UNDERTAKER Thomas Gibson

(Address) 3615-17 Huntington Ave

FILED 1935, 19.... Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive on 7/27, 1935. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/27, 1935

Where did injury occur? 3554 Hickory Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell from truck

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Roy Autz, M. D. Coroner

(Address) 745 Fulton Ave

D. B. 1268-3

1 Copy of Death

✓ F 14799

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14799

## CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Central Ave St., 5 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James McNeal

(a) Residence: No. 614 Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 21 1920

| AGE Years | Months | Days | If LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|
| 5 | 3 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME William McNeal

14. BIRTHPLACE (city or town) (State or country) Fayetteville N C

15. MAIDEN NAME Emma Scott

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

INFORMANT William McNeal

(Address) 614 N Central Ave

BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date July 29 1935

UNDERTAKER Robert F Williams

(Address) 1515 Pennsylvania Ave Huntington Williams

FILED 20 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1935 to 7/25 1935

I last saw h... alive on 7/25 1935 Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubercular Pneumonia | 7/20/35 |
| Other contributory causes of importance: | |
| Acute Caseous Tuberculosis | 5/27/35 |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

N.B. (Signed) P. H. Hatfield M. D.

(Address) 1705 Pa Ave

D. B. 1268-9

✓ F 14800

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14800

## CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 827 Hartford Ave St., 10 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hattie Bedford

(a) Residence: No. 827 Hartford Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Bedford

DATE OF BIRTH (month, day, year) Sept 16, 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 10 | 10 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0070

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) VA

13. NAME Wm H. Lee Jr.

14. BIRTHPLACE (city or town) (State or country) VA

15. MAIDEN NAME Matilda Chapman

16. BIRTHPLACE (city or town) (State or country) VA

INFORMANT Wm H. Lee, Jr. (Brother)

(Address) 827 Hartford Ave

BURIAL, CREMATION, OR REMOVAL

Place John Wesley Cem Date July 30, 1935

UNDERTAKER Robert E. Lee & Co

(Address) 1515 Pennsylvania Ave, Washington, D.C.

FILED JUL 29 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to July 26, 1935

I last saw her alive on July 25, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Peritonitis | July 10, 1935 |
| | |
| | |
| | |

Other contributory causes of importance:

Phthisis Pulmonalis (accredited to) June 1, 1935 (1 year)

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young, M. D.

(Address) 1924 E Monument St

✓ F 14801

14801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

PLACE OF DEATH Baltimore City Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

FULL NAME Louis Smith

(a) Residence: No. 1245 St. Matthews st. St., Ward. K

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Jan. 8, 1908

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 6 | 17 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Moses Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rachael James

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 30, 19 35

UNDERTAKER Robert E. Williams

(Address) 15-15 Mitchell St

Huntingdon Williams M.D.

Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933 to July 25, 1935

I last saw him alive on July 25, 1935. Death is said to have occurred on the date stated above, at 10.25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | June 1932 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospital

No. B. 1268-9

✓ F 14802

# HEALTH DEPARTMENT—CITY OF BALTIMORE

30 1963
30 14802

## CERTIFICATE OF DEATH

121

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Hizzer Cooper

(a) Residence: No. 832 Play St., Bloy Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3-27-24

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 11 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Johnnie Cooper

14. BIRTHPLACE (city or town) (State or country) Fla

15. MAIDEN NAME Flossie Wilson

16. BIRTHPLACE (city or town) (State or country) Fla

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date July 29th, 1935

UNDERTAKER Elroy O Wilson

(Address) 1000 Pennsylvania Ave

July 29 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to July 27, 1935

I last saw him alive on July 27, 1935 Death is said to have occurred on the date stated above, at 5.25 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | 4 days |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Peritonitis

Name of operation appendectomy Date July 24

What test confirmed diagnosis? obs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M K Woodhall, M. D.

(Address) J. H. Hospital

D. P. 1268-9

F 14803

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Hospital ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philomena King

(a) Residence: No. 620 Bradley St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | Widow |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-15-83

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 4 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Joseph King

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nora Medley

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) [illegible] Hospital

BURIAL, CREMATION, OR REMOVAL Date 6/30/35

UNDERTAKER Bernard O'Rourke

(Address) 818 Druid Hill Ave.

FILED ..... 19..... Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935 to July 27, 1935.

I last saw her alive on July 27, 1935. Death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | 4 days |

Other contributory causes of importance:

| | |
|---|---|
| Peritonitis | 1 day |

Name of operation appendectomy Date of July 4

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. Woodlace, M. D.

(Address) J. H. Hospital

✓ F 14804

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14804 23

## CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals, Tb. Div. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ) St., 24 Ward)

ngth of residence in city or town where death occurred 22 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Alice Spencer

(a) Residence: No. 1347 Hanbert Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem'l | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Spencer

DATE OF BIRTH (month, day, year) June 9, 1913

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 1 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Htw. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

13. NAME Jacob Graff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna Shaw

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date July 30, 19 35

UNDERTAKER Tilly & Alexander
(Address) 403 W. Franklin St.

FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28 1935 to July 27, 1935.

I last saw h. alive on July 27, 1935. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Jan. 1930 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Balto. City Hospitals.

D. B. 1268-9

F 14805

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14805

## CERTIFICATE OF DEATH

210M

PLACE OF DEATH John Hopkins Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 7 Ward)

gth of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Magdelena Porkony

(a) Residence: No. 906 N. Milton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Widow |

If married, widowed, or divorced
HUSBAND
OR WIFE of Andrew Porkony

ATE OF BIRTH (month, day, and year) Unknown

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Austria

. NAME Joseph Koubal

. BIRTHPLACE (city or town) (State or country) Austria

. MAIDEN NAME Porkony

. BIRTHPLACE (city or town) (State or country) Austria

NFORMANT Barbara Skarla

(Address) 906 N. Milton Ave

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 30 1935

NDERTAKER Frank Cruciano

(Address) 1906 Ashland Ave

D 1935 Washington Wilkerson, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1035 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract. Skull | |

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 27, 35

Where did injury occur? In yard 902 Milton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Run over by truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bayne Latto M. D. Coroner

(Address) 1211 Cathedral St.

B 1264-8

14806 F 14806

# 14806 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 721 N. Collington Ave St., 7 Ward)

rth of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth ?? yrs. mos. ds.

FULL NAME Anna Svehla

(a) Residence: No. 721 N. Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widow |

f married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Svehla

ATE OF BIRTH (month, day, year) ?

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | — | — | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Austria ?

. NAME

. BIRTHPLACE (city or town) (State or country) Austria

. MAIDEN NAME ?

. BIRTHPLACE (city or town) (State or country) Austria

NFORMANT Louis Svehla

(Address) 721 N. Collington Ave.

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 31 1935

NDERTAKER Frankby Church & Son

(Address) 740 Eastern Ave

ED 1935 Washington, N.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Senility | |
| Other contributory causes of importance: | |
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1919 E. North Ave.

14807

✓ F 14807

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 Lloyd st St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Freida Ashman

(a) Residence: No. 41 Lloyd st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Solomon Ashman

6. DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | | | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Marton Dichman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Packad

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Henry Ashman

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 7-29-35

UNDERTAKER: Jack Levine

(Address): 1439 E. Baltimore st

FILED: Huntington Williams, Registrar

JUL 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29- 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1921 to July 29 1935

I last saw her alive on July 29- 1935. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis 1927- | 1935 |
| Coronary Sclerosis | 1935 |
| Coronary Embolism July 29 | 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram J. Blechman, M. D.

(Address) 350 N. Fast Ave

808

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14808

## CERTIFICATE OF DEATH

349-93 I

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Alice Benson.

(a) Residence: No. 654 W. Fairmount Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Single. |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 73. | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Hall. Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 29. 1935

19. UNDERTAKER Thomas E. Nelson & Sons
(Address) 1338 Pressman St

20. FILED JUL 29 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24. 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/4. 1935 to 7/24. 1935

I last saw her alive on 7/24. 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | ? |
| Hypertension | ? |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | over |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Pute, M. D.

(Address) Balto City Hosp

F 14809

14809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward) 21

Length of residence in city or town where death occurred 22 yrs. 5 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs Mattie Herbert.

(a) Residence: No. 1127 Hamburg St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Deceased

DATE OF BIRTH (month, day, year) Feb 6th 1888

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 5 | 21 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

11. Total time (years) spent in this occupation Self.

12. Date deceased last worked at this occupation (month and year) Self

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Chas Pieter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Sawtell

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Chas Beckey

(Address) 1127 W Hamburg St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date July 30 1935

UNDERTAKER Towell & Byers

(Address) 1017 W Fayette St

Huntington Williams

FILED ..... 19 ..... Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/25 1935 to 7/27 1935

I last saw her alive on 7/27 1935 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| Diabetic Coma. | 7/26/35 |
| | |
| | |
| Other contributory causes of importance: | |
| Carcinoma of Cervix. | ? |

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed John N Barnaby M. D.

(Address) Maryland General Hosp

D. B. [illegible]-9 F 14810

F 14810

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

25 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 644 Patapsco Ave. Brooklin St., 25 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

FULL NAME WILLIAM C. VIEL

(a) Residence: No. 644 Patapsco Ave. Brooklin St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Single |

If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1. 1934

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 8 | 26 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John T. Viel

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Augusta E. Lohrmann

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT MR. John T. Viel (Father)

(Address) 644 Patapsco Ave. Brooklin

BURIAL, CREMATION, OR REMOVAL
Emanuel Cemetery Date July 30, 1935
Place 19

RY SANDER & SONS. INC.
UNDERTAKER
(Address) Baltimore & Broadway.

FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935 to July 26 1935, 19..... I last saw ... alive on ..... Death is said to have occurred on the date stated above, at 2.35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 6 day |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| acute Cardiac Dilatation | 6 day |

Name of operation ..... Date of ..... 20

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 20
If so, specify .....

(Signed) Fred Thos Lo M. D.

(Address) 800 N Bolton St

F 14811 ✓ F 14811

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 26 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Thomas

If U. S. Veteran specify WAR X

(a) Residence: No. 3811 Mt. Pleasant ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Thomas

6. DATE OF BIRTH (month, day, year) June 13, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 1 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Hatfield

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sally Zepp

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Place Date July 30, 1935

19. UNDERTAKER HARRY SANDER & SONS, INC. Leo F. Sander
(Address) Baltimore & Broadway

20. FILED JUL 29 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935, to July 27, 1935

I last saw her alive on July 26, 1935 Death is said to have occurred on the date stated above, at 4/40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Jan. 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Karlin M. D.
(Address) Baltimore City Hospital

B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14812 14812

## CERTIFICATE OF DEATH

119

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1006 Somerset St., 10 Ward)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Agnes H. Narock

(a) Residence: No. 1006 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) December 20 1933

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 7 | 8 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

3. NAME Carl Narock

4. BIRTHPLACE (city or town) —
(State or country) Germany

5. MAIDEN NAME Barbara Hershkin

6. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

INFORMANT Carl Narock
(Address) 1006 Somerset St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemy Date July 30 1935

UNDERTAKER Henry Street Sons, Inc
(Address) 1301 E Eager St

FILED JUL 29 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis (Origin undetermined) | 3 days |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

F 14813 ✓ F 14813

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

937

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

. FULL NAME Samuel M. Lloyd. If U. S. Veteran specify WAR

(a) Residence: No. 335 S. Spring St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12/19/?

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 ~~77~~. | 7 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0049

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Wm. E. Lloyd.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary Ann ?

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Records Bd H.
(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Cem Date July 30 1935

UNDERTAKER Mrs Thos G. Bailey
(Address) 1421 Jefferson St.

FILED JUL 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26, 1935 to 7/27, 1935

I last saw h alive on 7/27, 1935 Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 3 day |
| Arteriosclerosis | |
| Hypertension. | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

F 14814 F 14814

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46F

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Union Memorial Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Lena Grace (Grace)

(a) Residence: No. Eccleston Maryland St., Ward. C

309 Bridal Ave (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of W. Frank Grace

ATE OF BIRTH (month, day, year) Nov 17 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 8 | 11 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 10 70

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Carl Kliesel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT: Rev. Henry L. Grace

(Address) 5309 Bridal Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 31 19 35

UNDERTAKER J. B. Upshur & Son

(Address) 1800 Eutaw Place

JUL 29 1935 Huntington Williams Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1935 to 7/28/35 1935

I last saw h[illegible] alive on July 28 1935 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of pancreas | |

Other contributory causes of importance:

Was an operation performed? yes Date of May 16, 1935

For what disease or injury?

Name of operation Exploratory laparotomy Date of 5/16/35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Murray M. Copeland M. D.

(Address) Union Memorial Hosp

F 14815 ✓ F 14815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 22 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary Celia McNaughton

If U. S. Veteran specify WAR .....

(a) Residence: No. 617 S. Fremont St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenzo McNaughton

DATE OF BIRTH (month, day, year) 7/26/1860

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Coates

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Mary Cains

16. BIRTHPLACE (city or town) (State or country) England.

INFORMANT Records Bur't.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Date July 29 1935

UNDERTAKER F. B. Herbert & Son

(Address) 1300 Eastern Ave.

FILED Aug 1 1935 [illegible] (Registrar.)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18/1934 to 7/27/1935

I last saw her alive on 7/27, 1935. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Bronchopneumonia | 7 days |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Rolando A. Reate, M. D.

(Address) Balto City Hosp

✓ F 14816

14816

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals, Th. Div. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 18 Ward)

Length of residence in city or town where death occurred 46 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marion Lambert

If U. S. Veteran specify WAR

(a) Residence: No. 864 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Samuel Lambert

DATE OF BIRTH (month, day, year) May 12, 1889

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edgar Evans

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Bowen

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/29, 1935

UNDERTAKER Frederick A. Pole
(Address) 1200 W. Lombard ~~Pratt~~ Lexington Pittsville, Md.

FILED 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935 to July 28, 1935

I last saw her alive on July 28, 1935 Death is said to have occurred on the date stated above, at 8:05 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | July 1933 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

Signed) Arthur Kantgen, M. D.

(Address) Balto. City Hospitals

D. F. Form 9 F 14817 ✓ F 14817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Owens

(a) Residence: No. Balto. City Hosp. St., 2517 E. Chase Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | |

If married, widowed, or divorced HUSBAND of (or) WIFE of Not Married

DATE OF BIRTH (month, day, year) 7-23-35

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 8 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Allen Owens

14. BIRTHPLACE (city or town) (State or country) Norton Va.

15. MAIDEN NAME Ida Marie Bond

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Hosp Records
(Address) Balto. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Cemetery of Md Date July 29, 1935

UNDERTAKER
(Address)

FILED ..... 19.. ..... Registrar.

25 1025 ... 4603

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1935, to 7-24, 1935

I last saw him alive on 7-24, 1935 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent ductus arteriosus | 7-23 |
| Congenital atelectasis | 7-23 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mary Louise Norma, M. D.

(Address) Baltimore City Hosp.

D. B 12[illegible] F 14818

210M V F 14818

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

(Dead on arrival)

Registered No. .....

1. PLACE OF DEATH St Joseph Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify War Service

2. FULL NAME Julia Jackson

(a) Residence: No. Ringgold Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter F Jackson

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balti Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice D Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter Jackson
(Address) Ringgold Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date July 31 1935

19. UNDERTAKER Undertaker
(Address) Keyser W. Va.

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I took charge of the [illegible] above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract S Rib | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 7/29 1935

Where did injury occur? Highway Rt #10
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Struck by Auto while getting out of bed

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Hubert Hadley Moto M. D.
(Address) 5172 Park Hgts

F 14819 ✓ F 14819

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Squire Brackenridge

(a) Residence: No. 522 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Regina

DATE OF BIRTH (month, day, year) 6/20/1881

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 1 | 6 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1087

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wash.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wife.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 29 19 35

UNDERTAKER Dennis Sasser Funeral
(Address)

FILED JUL 29 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1935 to 7/26 1935

I last saw him alive on 7/26 1935 Death is said to have occurred on the date stated above, at 2½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Bronchopneumonia | 2-3 days |
| (b) Cerebral Hemorrhage | 7 " |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp

F 14820

D. B. 1[illegible]

F 14820

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

774

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Veronia White

(a) Residence: No. 1139 N. Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write, the word) |
|---|---|---|
| F | C | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Angus White

DATE OF BIRTH (month, day, year) Feb 29 1892

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 43 | 4 | 25 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Va

13. NAME John Goss

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

INFORMANT Elnora White

(Address) 1139 N Gilmore St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/30 1935

UNDERTAKER Thomas E. Kehoe

(Address) 1393 Presstman St

FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named deceased on ... and from the evidence above, held an inquest (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Fractured Skull | July 22 1935 |

Other contributory causes of importance: .....

Was an operation performed? yes Date of July 22

For what disease or injury? Fractured Skull

Name of operation Craniotomy Date of July 22-35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) state also the following:

Accident, suicide, or homicide? Homicide Date of injury July 22 1935

Where did injury occur? 1139 N Gilmore St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fractured Skull

Nature of injury (Hemorrhage)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. L. Allen M. D.

Coroner

(Address) 50 St Paul St

14821

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14821

## CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louise Green

(a) Residence: No. 1416 School St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 31, 1917.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 17 | 6 | 2926 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William H. Green

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida Esher

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Ida Green

(Address) 1416 School St.

BURIAL, CREMATION, OR REMOVAL 33

Place St Peters Date 7/31, 19

UNDERTAKER Thomas E. Kelson

(Address) 1303 Orleans St

FILED, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Endocarditis | |
| Other contributory causes of importance: | |
| Lobar Pneumonia | |

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Paul Schenker M. D. Coroner

(Address) 1919 E. North Ave

10—M. & T.—100 Pr.—10L

F 14822

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14822

93c

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) S.W. Corner ST., 8 WARD)
Aisquith & Monument Sts.

2-FULL NAME Charles A Dodson

(a) RESIDENCE NO 1802 E Federal St ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Julia M Dodson

DATE OF BIRTH (month, day, and year) December 11-1875

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 7 | 16 | |

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrician 9029
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer Gas & Electric Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Andrew J Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fannie Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Milton Dodson
(Address) 3903 Fernhill Ave

Filed ..... 192 ..... Registrar

29 1935

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 19 35

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul Rheuben, M. D. Coroner

, 19 (Address) 1919 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and 12) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery.

DATE OF BURIAL July 30, 19 3

20 UNDERTAKER Milton Schilling 1122 E. Monumen

ADDRESS

14823 ✓ F 14823

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

87B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2254 Linden Ave., St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Gans

(a) Residence: No. 2254 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 31, 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 11 | 28 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Umbrella

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cincinnati, Ohio.

13. NAME Isaac Gans

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliza Auerbach

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. I. Gans,

(Address) 2254 Linden Ave.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hebrew Friendship Date July 30 1935

UNDERTAKER David Sondheim & Son.

(Address) 1902 Eutaw Place

FILED JUL 29 1935 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28th (P.M.) 1935 to July 28th, 1935

I last saw h[illegible] alive on 7/28, 1935. Death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Agitans (Parkinsons Dis). | 6 yrs. |
| Other contributory causes of importance: Acute Cardiac Dilatation & Pulmonary Oedema & Hypostatic Pneumonia | 7/26/35 |

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw Place

B 1295 14824 ✓ F 14824

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 184

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 440 S. Millington Ave. Ward) St. Agnes Hospital

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Mary Gertrude Comte

(a) Residence: No. 440 S. Millington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 24-1917

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | 1 | 2 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

NAME August J. Comte

BIRTHPLACE (city or town) (State or country) Balto. Md

MAIDEN NAME Agnes M. Jones

BIRTHPLACE (city or town) (State or country) Erie Pa

INFORMANT August J. Comte

(Address) 440 S. Millington Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 30 1935

UNDERTAKER George L. Eckhardt

(Address) 2151 Pardridge Ave.

FILED 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on July 26 1935. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma | |
| Shot thru body | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 25 1935

Where did injury occur? 440 Millington Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Shot gun

Nature of injury multiple fractal

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Chilcoat M. D.
Coroner

(Address) 1939 Edmondson Ave.

B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1825 — F 14825

## CERTIFICATE OF DEATH

82a

Registered No.....

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lucy Schneider — No Record

(a) Residence: No. 1517 Denver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Schneider

DATE OF BIRTH (month, day, year): Jan. 7, 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 6 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John Ireland

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Sarah Suit

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

INFORMANT (Address): Mrs. Viola Mitchell, 217 E. Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL — Place: Mt Olivet Date: July 30th 1935

UNDERTAKER (Address): Wm Cook, 1317 St Paul St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 27, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhare | |
| Acute Pulmonary Edema | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. R. Creelman M. D.
Coroner

(Address) 2737 W. North

sec.—6-9-19—H. P. Co.—1000 Bks.

14826 F 14826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

92a

REGISTERED NO.....

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 2003 St. Wolfe ST.; 8 WARD)

2-FULL NAME William N. Spear

(a) RESIDENCE. NO. 2003 St. Wolfe ST., WARD.

(Usual place of abode) (If nonresident give town and State) Ephrata Pennsa

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth?

If U. S. Veteran.....

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Theresa J Spear

DATE OF BIRTH (month, day, and year): April 10 1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 3 | 18 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Vice President 1086

(b) General nature of industry, business, or establishment in which employed (or employer): Standard Life Insurance

(c) Name of employer: of Kansas.

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Dr Meritt Spear

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Mary L. Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): Theresa J Spear 2003 St. Wolfe St

Filed ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1935

17 I HEREBY CERTIFY, That I attended deceased from February 26 1934 to July 26 1935.

That I last saw him alive on July 27 1935.

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Albert Fowler M. D.

July 29 19 35 (Address) 2005 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: 7/31 1935

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

6-9-19—H. P. Co.—1000 Bks.

14827

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14827

## CERTIFICATE OF DEATH.

93c

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 936 Poplar Grove ST.: 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen C. Didlake

(a) RESIDENCE. NO. 936 Poplar Grove ST.. WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran No

Was Wash Record

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6 If married, ~~Widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of Chas. L. Didlake 5

DATE OF BIRTH (month, day, and year) Sept 6 1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ~~50~~ | 49 | 10 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Matthews Co Va

10 NAME OF FATHER Miles Hudgins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mathews Co. Va

12 MAIDEN NAME OF MOTHER Elizabeth Church

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant (Address) Chas. L. Didlake 936 Poplar Grove St

15 Filed JUL 30 1935 Registrar Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1935

17 I HEREBY CERTIFY, That I attended deceased from ~~7/29~~ 11/19 1935 to 7/28 1935, that I last saw her alive on 7/28 1935, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

CONTRIBUTORY (Secondary) Myocarditis, Arteriosclerosis (duration) yrs. mos. 2 ds.

(duration) yrs. mos. over ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dudley Edel, M. D.

7/29, 1935 (Address) 2806 Johnson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 7/31/1935

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

D. P. 1268-9

14828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14828

CERTIFICATE OF DEATH 27a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3505 Parkside Drive St., 27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Frank Hladky

(a) Residence: No. 3506 Parkside Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Hladky

7. DATE OF BIRTH (month, day, year) Dec. 3, 1869.

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 7 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prague Czechoslovakia

13. NAME Thomas Hladky

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Edward Durhan
(Address) 3505 Parkside Drive

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date 7/30/35, 19

19. UNDERTAKER Harry A. Waizer
(Address) 101 Edmondson Ave.

20. FILED ..... 19.....
Registrar.

JUL 30 1935 Huntington Avenue, 162

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sometime in 1932 to July 28, 1935.
I last saw him alive on July 23, 1935. Death is said to have occurred on the date stated above, at 4:00 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Osteoporosis, generalized; | |
| Osteomyelitis, tibia jaw. | 1933. |
| Asphyxia, due to | 7/28/35 |
| carcinoma of tissues of throat & neck. | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. B. Wright, M. D.

(Address) 101 Read St.

pec.—9-30—A. & Co.—250 Bks.

1829 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1829

## CERTIFICATE OF DEATH.

137

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hospital ST 18 WARD)

2-FULL NAME Greendeaf Taylor

(a) RESIDENCE NO. 201 N. Carey St ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Widowed |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lola M. Taylor

DATE OF BIRTH (month, day, and year) Oct. 27-1862

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 9 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 0000

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Wicomico Co. Md

10 NAME OF FATHER John W. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wicomico Co. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Howard W. Taylor
(Address) 706 Brookewood Road.

Filed ... 19 ... Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1935

17

I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to July 28, 1935

that I last saw him alive on July 28, 1935

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of prostate

(duration) 1? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No.-Unknown

Did an operation precede death? Yes Date of 4/2/35

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) D. Y. Battaglini M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL July 31 1935

20 UNDERTAKER Margaret E. Flynn — ADDRESS 107 N. Holliday St.

E 14830

# 4830 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Bell St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Cadden

(a) Residence: No. 1829 Bell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 27-1911

| AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 23 | 11 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: Michael Cadden

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Mary Dunleavy

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Mary Cadden

(Address): 1829 Bell St

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: July 31 - 35

UNDERTAKER: Margaret E. Flynn

(Address): 447 Light St

FILED 1925 Huntington Ave. Baltimore, Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 35 to July 28, 1935

I last saw h.. alive on July 27, 1935. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6 wks |
| Other contributory causes of importance: | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Bonanno, M. D.

(Address) 436 S Fortaine

F 14831

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 W. North Ave. Ward) 15

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Johanna Schaefer

(a) Residence: No. 1701 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Schaefer

6. DATE OF BIRTH (month, day, year) Aug. 25 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 93 | 11 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Conrad Fercht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Horn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Louis Landmann

(Address) 1701 West North Ave

BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cemetery Date July 30 19 35

UNDERTAKER Joseph Eyler

(Address) 1002 W. North Ave.

FILED JUL 30 1935 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to July 27 1935

I last saw h... alive on July 27 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uterus with metastases in inguinal glands | 5 yrs |

Other contributory causes of importance: None known

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

D. P 1268-9

✓ F 14832

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14832

## CERTIFICATE OF DEATH

94a

PLACE OF DEATH (Moose Club)

Registered No.

TY OF BALTIMORE: (No. 410 W. Fayette St. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frederick Lewis Meyers

(a) Residence: No. 410 W. Fayette St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) June 5, 1876

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | I | 23 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorater

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter 0053

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Joeop Meyers

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Mary E, Wagner

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

INFORMANT Mrs. F.E. Wooters
(Address) 1317 N. Fulton Ave,

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7-30-35, 19

UNDERTAKER H. Thurston Sons
(Address) 2503 Edmondson Ave.

FILED 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) July (day) 28, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R. C. Williams M. D.

(Address) 2737 W. North Ave

D. P. 1268-9

✓ F 14833

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14833

## CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 26 Ward)

Length of residence in city or town where death occurred 69 yrs. .. mos. .. ds. How long in U. S. if of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Martha Ethel

(a) Residence: No. 403 E Baulden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, .. hrs. or .. min. |
|---|---|---|---|---|
| 68 | 69 | 11 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER William Kirkman

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Winifred Kershaw

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. Kirkman

(Address) 1311 N. Hare St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 30, 1935

19. UNDERTAKER John A. Logan

(Address) 3002 E. Baltimore St.

20. FILED 8-1935, 19.. Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1935 to 7-27, 1935

I last saw her alive on 7-27, 1935 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus, Acute Abscess

| Date of onset |
|---|
| |

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Magruder, M. D.

(Address) .....

✓ F 14834

14834

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. Bouldin St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Joseph Ulsch

(a) Residence: No. 709 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna M. Ulsch

DATE OF BIRTH (month, day, year): March 12 1851.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 4 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0013

BIRTHPLACE (city or town) (State or country): Austria.

13. NAME: Thomas Ulsch

14. BIRTHPLACE (city or town) (State or country): Austria.

15. MAIDEN NAME: Katherine Nodenek

16. BIRTHPLACE (city or town) (State or country): Austria

INFORMANT: Anna M. Ulsch.

(Address): 709 S. Bouldin St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Aug. 1 1935

UNDERTAKER: George W. Zibler

(Address) 1737 E. Eager St. Williamsport, Md.

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1935, to Jan. 29, 1935

I last saw him alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Asthenia | |
| Other contributory causes of importance: Cardiac failure | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Schmidt, M. D.

(Address) 701 N. Howard Ave.

M. D. B 1268-9

F 14835

# F 14835 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

193

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William M. Zaadyk

(a) Residence: No. 3222 Toone St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 7 1921

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 13 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school boy

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Daniel Zaadyk

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Venus Monroe

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Venus Zaadyk
(Address) 3222 Toone St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date July 31, 1935

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED ..... 19 ..... Registrar.

JUL 30 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. at 12.15 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Surgical Shock | |
| 2nd degree burns | |
| Electric burns with | |
| contusions of left forearm | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 28 1935
Where did injury occur? in alley rear 3301 Toone St. Balto Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Streets
Manner of injury grasped a [illegible] that had fallen across
Nature of injury 2nd degree burns left forearm

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. M. Wright M. D.
Coroner
(Address) 1010 S. Ellwood Ave.

✓ T 14830

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14836 23

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., ? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME George Bryant (Bryan)

(a) Residence: No. 1609 E. Monument st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Bryan

DATE OF BIRTH (month, day, year) Dec. 2, 1897

| AGE | Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|---|
| | 37 | 7 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Daniel Bryan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Chester

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date July 30, 1935

UNDERTAKER Mrs Robt A. Elliott Haughton

(Address) 1129 Eastern Ave Baltimore, Md.

FILED ..... 19..... Registrar.

0 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933 to July 26, 1935

I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Aug. 1933 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Baltimore City Hospital

14837 HEALTH DEPARTMENT—CITY OF BALTIMORE 14837

# CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 N. Linwood Ave St., 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Freidel

(a) Residence: No. 145 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Freidel

6. DATE OF BIRTH (month, day, year) Jan 15-1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 6 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Charles Schneemann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Annie Flothmann

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Frieda Freidel

(Address) 145 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date July 31st 1935

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St

FILED JUL 30 1935 19 Harrington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to July 28 1935

I last saw h alive on July 28 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | 6 mo ago |
| Other contributory causes of importance: Debility Age | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) G. H. Meyer M. D.

(Address) 1520 E. Lanvale St

D. B. 1268-9

✓ F 14838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14838

## CERTIFICATE OF DEATH

51B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 W Saratoga St., 20 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William S Appleby

(a) Residence: No. 1804 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mal | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Appleby

DATE OF BIRTH (month, day, year) Dec 19 1863

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 | 7 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police 00 6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Md

13. NAME George W Appleby

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Lease

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary A Appleby

(Address) 1804 W. Saratoga

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 29 1935

UNDERTAKER Earle M Keene

(Address) 2301 Edmondson Ave

FILED July 29 1935 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1933 to July 27 1935

I last saw him alive on July 27 1935 Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Poisoning | 7/23/34 |
| Other contributory causes of importance: (Cerebral) | |
| Radium | 1/22/33 |

Name of operation Suprapubic drain Date of 1930

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leonard C Beach M. D.

(Address) 2229 St Paul St.

✓ F 14839

14839 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH Mercy Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 St., 28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C Flulley. — If U. S. Veteran specify WAR Naval

(a) Residence: No. 4608 Liberty Heights Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. [illegible] or Divorced (write the word) |
|---|---|---|
| male | White | [illegible] |

If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

DATE OF BIRTH (month, day, year) [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 83 | 83 | 3 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. a employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward H. Flulley

14. BIRTHPLACE (city or town) (State or country) Baltimore maryland.

15. MAIDEN NAME Emily Dyer

16. BIRTHPLACE (city or town) (State or country) Baltimore maryland

INFORMANT Evelyn C Flulley

(Address) 3917 Ridgewood Ave.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date July 31 19 35

UNDERTAKER [illegible]

(Address) Huntington Williams, Md

Registrar. 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to July 29 1935

I last saw h alive on July 29 1935. Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/25/35 |
| arteriosclerosis, and | ? |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Herzfurger M. D.

(Address) Mercy Hospital

D. P. 1268-9

F 14840

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14840

## CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert F. Snowden

(a) Residence: No. Oakland St., Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | S |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 21, 1917

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clubhouse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Oakland, Md

13. NAME Robert G Snowden

14. BIRTHPLACE (city or town) (State or country) Oakland, Md

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Father

(Address) memorial

BURIAL, CREMATION, OR REMOVAL Lincoln Cem Date July 30 1935

UNDERTAKER Bernard P. Crumley

(Address) 818 Bond St. E.

FILED 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to July 28, 1935

I last saw h. im alive on July 28, 1935 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | July 24 1935 |

Other contributory causes of importance:

Name of operation. None Date of ....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D'Schwanbeck, M. D.

(Address) Sydenham Hospital

F 14841 ✓ F 14841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Miller.

If U. S. Veteran specify WAR

(a) Residence: No. 314 S. Fulton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

6. DATE OF BIRTH (month, day, year) 3/23/76.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59. | 4 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wife.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/30 19 35

UNDERTAKER Robert B. [illegible] & Son

(Address)

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26 . 1935 to 7/29 . 1935

I last saw him alive on 7/29 . 1935 Death is said to have occurred on the date stated above, at 12 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 3 days. |
| Cerebral Hemorrhage | 4 days. |
| Other contributory causes of importance: | |
| Arteriosclerosis | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Baltimore City Hosp.

F 14842 ✓ F 14842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 122B

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Danchock

(a) Residence: No. Fort Howard St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine —

6. DATE OF BIRTH (month, day, year) Nov. 26, 1882

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 | 52 | 7 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Tony Danchock

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Annie Zetty

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Hosp. records

(Address)

17. BURIAL, CREMATION, OR REMOVAL Place University of Md Date July 30, 1935

18. UNDERTAKER

(Address)

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to July 25, 1935

I last saw him alive on July 25, 1935. Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute intestinal obstruction | 7-18-35 |
| Pulmonary edema | 7-21-35 |

Was an operation performed? yes Date of 7-20-35

For what disease or injury? Intestinal obstruction

Name of operation Intestinal resection Date of 7-20-35

What test confirmed diagnosis? Question Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Robt. J. Martin M. D.

(Address) Balto City Hospitals

D. H. 268-3

F 14843

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ F 14843

× 160B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. Cockeysville, Maryland St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 15 - 1935

| AGE | Years | Months | Days | If LESS than 1 day 15 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Marie Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date July 20 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-15-35, 19..., to 7-16-35, 19...

I last saw h... alive on 7-16-35, 19... Death is said to have occurred on the date stated above, at 3:16 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

| | |
|---|---|
| Placenta Praevia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Whitridge Jr. M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14814

## CERTIFICATE OF DEATH

45E

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Old Annapolis Rd. St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth 40 yrs. — mos. — ds.

FULL NAME David F. Leonard.

(a) Residence: No. 3511 Old Annapolis Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, HUSBAND of (WIFE of) Etta K. Leonard.

DATE OF BIRTH (month, day, year) November 1, 1877

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 8 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tack machine operator. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Canada.

13. NAME David F. Leonard.

14. BIRTHPLACE (city or town) (State or country) Canada.

15. MAIDEN NAME Exilda Bougie.

16. BIRTHPLACE (city or town) (State or country) Canada.

INFORMANT Etta K. Leonard. (wife)

(Address) 3511 Old Annapolis Rd.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 1/31/35 19

UNDERTAKER J. J. Baker & Son

(Address) 1318 Light St.

FILED JUL 30 1935 Registrar 7/30/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the throat. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto Steinhardt M. D. Coroner

(Address) 1017 E. Charles St.

D. P. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14845 14845

## CERTIFICATE OF DEATH 47B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 105 S. Schroeder St., 18 Ward)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Clarke

(a) Residence: No. # 105 S. Schroeder St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose L. Clarke

DATE OF BIRTH (month, day, year) Oct 1st, 1881

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 53 | 9 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James E. Clarke

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Katherine Tighe

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Rose Pfarr Clarke

(Address) # 105 S. Schroeder St,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 8/ 1/ 1935

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins St.

20. FILED ... 19... Registrar.

AUG 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 / 29 / 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 29 1935 19...

I last saw h[illegible] alive on July 29 1935. Death is said to have occurred on the date stated above, at 12.30 m p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of Lungs (Spontaneous) | 10 Min. |
| Carcinoma Left Lung. | 2 mo. |
| Other contributory causes of importance: | |
| Anuria Chronic Nephritis | 6 mo |

Name of operation none Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Lombard M. D.

(Address) 888 N Lombard St

pec.—9-30—A. & Co.—250 Blks.

F 14846

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14846

## CERTIFICATE OF DEATH.

46c

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hosp. ST.) WARD) 16

2-FULL NAME Robert Graham

(a) RESIDENCE NO. 1833 W Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rosalie Graham

DATE OF BIRTH (month, day, and year) September 1877

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | - | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Oil Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Robt E. Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane L. Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant: Mrs H. Gordon Graham
(Address) 1833 W. Lombard St.

Filed ... 19 ... Assistant Registrar

L 30 1935 Huntington Hillman Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1935

17

I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to July 28, 1935

that I last saw h[im] alive on July 28, 1935

and that death occurred, on the date stated above, at 11:57 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the caecum

(duration) 1 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) intestinal obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 7-26-35

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J. Elmer Moores M. D.

. 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | 7/31/1935 |
| 20 UNDERTAKER | ADDRESS |
| John J. Cowan & Son | 901 Hollins |

F 14847

F 14847

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2925 Kirk Ave St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR none

2. FULL NAME William P. Stein.
(a) Residence: No. 2925 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Stein

DATE OF BIRTH (month, day, year) Sept 8-1864

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 10 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Va
13. NAME Valentine Stein
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Louise Lubsenig
(Address) 3119 Berkshire Rd
18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date July 31 1935
19. UNDERTAKER
(Address)
20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1935
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935 to July 28, 1935
I last saw h[illegible] alive on July 27, 1935 Death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Senilis | July |
| Other contributory causes of importance: Hypertrophy Endocardium Chronic Nephritis | Dec 1934 |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas R Freeman, M. D.
(Address) 9182 Bax Pharm

F 14848

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. X 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs. Grover Taylor

(a) Residence: No. Westminster Md St., ..... Ward. Dawes Apts.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write this word) |
|---|---|---|
| Male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1885

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 006

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Georgie Anna Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ruth Mauty Taylor

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Bapt Date Aug 2 1935

19. UNDERTAKER H Bankard & Son

(Address) Westminster Md

20. FILED ..... 19 ..... Registrar

AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/35

22. I HEREBY CERTIFY, That I attended deceased from 7/16 1935 to 7/30 1935

I last saw h. alive on 7/30 1935. Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis Gall Bladder | |
| Multiple abscess of Liver | |
| | |
| Other contributory causes of importance: | |
| Obesity | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Barnaby M.D.

(Address) Maryland General Hosp

D. B. 1868-9

F 14849

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Martin

(a) Residence: No. 3205 Morgan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Lizzie Martin

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lizzie Martin

(Address) 3205 Morgan St

18. BURIAL, CREMATION, OR REMOVAL

Place MD Memorial Cem Date Aug 11 1935

19. UNDERTAKER Mrs Robert A Ellis-Daughter

(Address) 1127 Pleasant St

20. FILED — Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-19 1935, to 7-29 1935

I last saw h... alive on 7-29 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Renal Disease | |
| Chronic Nephritis | |
| Uremic Coma | |
| Pernicious Malaria | |

Other contributory causes of importance:

Name of operation Lumbar puncture Date of 7-26

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) D Harris M. D.

(Address) Provident Hosp

1935

F 14850 ✓ F 14850

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2611 Aisquith Street St., 9 Ward)

Length of residence in city or town where death occurred 45 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

FULL NAME Bridget Ann Higgins

(a) Residence: No. 2611 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin J. Higgins

DATE OF BIRTH (month, day, year) March 14, 1866.

| AGE | Years | Months | Days | If LESS than 1 day, ##### or ##### min. |
|---|---|---|---|---|
| | 69 | 4 | 15 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Martin Hester

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. William Donnelly

(Address) 2611 Aisquith Street

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Aug. 1, 1935

UNDERTAKER Geo. J. Ruth & Son

(Address) 1735 Aisquith St.

FILED 19 Register

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to July 29 1935

I last saw her alive on July 28 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 25 |
| Other contributory causes of importance Arterio Sclerosis Chronic Interstitial Nephritis | 1933 Unknown |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill, M. D.

(Address) 108 N. Sutton Ave

AUG 30 1935

D. F 126 F 14851 ✓ F 14851

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St., 8 Ward)

Length of residence in city or town where death occurred 3 yrs. ..mos.....ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Fetze

(a) Residence: No. 1923 E. Preston St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 14 1928

| AGE Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|
| 7 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob C. Fetze

14. BIRTHPLACE (city or town) (State or country) Germany Md.

15. MAIDEN NAME Emma A. Leaf

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Emily Smith

(Address) 1923 E. Preston St

BURIAL, CREMATION, OR REMOVAL

Place Woodland Cem. Date Aug. 1st 1935

UNDERTAKER Fred'k Waldhorn

(Address) 701 Belair Rd

FILED ... Registration

## MEDICAL CERTIFICATE OF DEATH

25. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to July 30, 1935.

I last saw her alive on July 30, 1935 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Carditis Valvular Disease | 1934 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pericardial Effusion | ? |
| Pulmonary Hydrothorax | ? |

Name of operation None Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jean Lehman M. D.

(Address) 120 Poplar Grove St.

U 1213

D. B. 1268-2

14852

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14852

161 II

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital St., 4 Ward)

gth of residence in city or town where denth occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Samuel Dinkey Demby

(a) Residence: No. 524 Saratoga St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 20 1935

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Freeman Dinkey

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Ann Allen

16. BIRTHPLACE (city or town) (State or country) Not known

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Memorial of Md Date July 30, 1935

UNDERTAKER

(Address)

FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Umbilical Hemorrhage | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autop No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) E. H. Allen, M. D.

(Address) 2737 W. North Ave Coroner

F. 14853 ✓ F 14853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 768 Linnard St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 768 Linnard St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | Color or Race: White | Single, Married, Widowed, or Divorced: Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year): Feb 8 1865

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 70 | | 5 | 22 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1035

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

13. NAME Thomas Bridget unknown

14. BIRTHPLACE (city or town) (State or country) VA

15. MAIDEN NAME Amanda unknown

16. BIRTHPLACE (city or town) (State or country) VA

17. INFORMANT Sarah B. Parker

(Address) 768 Linnard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lincoln Mem Park Date July 31 1935

Metropolitan Corp.

19. UNDERTAKER Fr. H. Little

(Address) 2700 Edmondson Ave

20. FILED 1935 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry (Inquest, Coroner's or Medical Examiner's Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Coroner's or Medical Examiner's Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis

| Date of onset |
|---|
| |

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. Hamm Coroner, M. D.

(Address) 1216 Hanover

D. B. 12 F 14854 ✓ F 14854

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 McCabe Ave. St., 27 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sue Crockett

(a) Residence: No. 731 McCabe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) December 25, 1897

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 7 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Gas Lt. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James E. Crockett

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Evans

16. BIRTHPLACE (city or town) (State or country) Smith's Island, Md.

INFORMANT Mrs. B. C. Snyder
(Address) 731 McCabe Ave.

BURIAL, CREMATION, OR REMOVAL
Place Olivet Cem. Date 7/31/35

UNDERTAKER Harold Means & Bro.
(Address) 805 E. Calvert St.

FILED ..... 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to July 29, 1935.
I last saw her alive on July 29, 1935. Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | 1933 |
| Other contributory causes of importance: | |
| Carcinoma of Lung | 1935 |

Name of operation Radical Amputation of breast Date of 1933
What test confirmed diagnosis? Senator & Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Fenby, M. D.
(Address) 3522 Greenmount Ave

F 14855

F 14855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH on way to West Balto General Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. - St., Ward) 16

Length of residence in city or town where death occurred 2 yrs. 8 mos. 22 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lilly D. Foos

(a) Residence: No. 2311 Mosher St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Albert Foos

7. DATE OF BIRTH (month, day, year) Nov. 6 1884

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 8 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Silas H. Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Victoria Hobbs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Esther McInnis (Address) 2311 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 31 1935

19. UNDERTAKER Henry H. Wetzel (Address) 1100 Edmondson Ave.

20. FILED 1935 H. L. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, at about 9.00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance: Arteriosclerosis + High blood pressure,

Was an operation performed? no (Date of .....)

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C. Hayes Coroner M. D.

(Address) 12 S. Hanover St.

856

# HEALTH DEPARTMENT—CITY OF BALTIMORE 14858

## CERTIFICATE OF DEATH

931

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Frank Pyle

(a) Residence: No. 1933 N. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Separated |

If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie M Pyle

DATE OF BIRTH (month, day, year) 12/13/1885.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49. | 7 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank M Pyle

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Heinlein

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sister - Bessie M. Pyle

(Address) 2403 Westhoist St

18. BURIAL, CREMATION OR REMOVAL Date 7/31/35

Place Mt Carmel

19. UNDERTAKER Geo W Gaul & Co

(Address) 1217 E Baltimore St

19 Huntington Williamsport, Md

JUL 31 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1935, to 7/28, 1935

I last saw him alive on 7/27, 1935 Death is said to have occurred on the date stated above, at 1:41 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Myocardial insufficiency | 4 days |
| Hypertension | ? |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rafaela Reiter M. D.

(Address) Baltimore City Hosp

D. P. 1963-9

14857 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14857

# CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Gold St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Bailey Adams

(a) Residence: No. 508 Gold St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) March 1879

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 4 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Alfred F. Bailey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie E. Lane

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leonora E. Bailey

(Address) 508 Gold St

18. BURIAL, CREMATION OR REMOVAL

Place Laurel Cem Date 7/31/35

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED JUL 31 1935 .....

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 28, 1935

I last saw her alive on July 27, 1935 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Pneumonia Lobar | 2 days |
| Chronic Myocarditis | 2 yrs |
| Arterio Sclerosis | 2 yrs |

Other contributory causes of importance:

| | |
|---|---|
| High Blood Pressure | 2 yrs |
| Worry | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. C. Wilson, M. D.

(Address) 924 Madison Ave

F. D. B. 1263-9

14858

F 14858

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 140-34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Baltimore

(a) Residence: No. Hyndon, Md. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX 1 | 4. Color or Race B. | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Laurence Baltimore

DATE OF BIRTH (month, day, year) 1898

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Henry Charmes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachel Berry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laurence Baltimore

(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Piney Grove Balto Co. Date 8/2/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

JUL 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to July 29 1935

I last saw her alive on July 29 1935 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | 7-27 |
| Bacteremia | 7-27 |
| | |
| | |
| Other contributory causes of importance: | |
| Acute puerperal infection | 7-15 ? |
| Syphilis | |

Name of operation None Date of .....

What test confirmed diagnosis? Blood S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E H Dudley M. D.

(Address) Univ. Hosp.

M. 14859

F 14859

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Myers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1613 Harlem Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 60 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) July 23

11. Total time (years) spent in this occupation 30 70

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joshua Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Burrell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sallie Bailey

(Address) 2010 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/31/1935

19. UNDERTAKER Frances A. Kemp Ley

(Address) 526 W. Biddle St.

FILED JUL 31 1935 19 ..... Attorney to Wm. Myers, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | July 23 |
| for Abdominal adhesions | |

Other contributory causes of importance:

Was an operation performed? YES Date of July 25

For what disease or injury? Intestinal obstruction

Name of operation Adhesions Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. Myers M. D. Coroner

(Address) 1010 E. Fayette St.

W. B. 1268-9

14860 HEALTH DEPARTMENT—CITY OF BALTIMORE 14860

# CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Caroline St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George T. Bradford

(a) Residence: No. 31 N. Caroline St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widower |

If married, widowed, or divorced HUSBAND of (or WIFE of) Lottie Bradford

6. DATE OF BIRTH (month, day, year) 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Ophelia Fisher

(Address) 31 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL

Place Asbury Date July 31, 1935

UNDERTAKER John W. Henderson

(Address) 1502 E. Monument St

FILED JUL 31 1935 Huntington Ave Registrar. Baltimore, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Cardiac Failure | |

Name of operation ... Date of ...

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

F 14861

14861

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 E Lexington St. 6-1 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Viola Geary

(a) Residence: No. 1324 E Lexington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jesse Geary

DATE OF BIRTH (month, day, year) Aug 25, 1903

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 11 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm. Webb

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Edith Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annabella Barksdale (sister)
(Address) 434 N Chapline St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cemetery Date July 3 1935

19. UNDERTAKER Edw. J. Ryan
(Address) 1601 Orleans St

20. FILED ..... 19..... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 28 1935

I last saw h.er alive on July 27 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Hypostatic & Edema — Date of onset 7 days

Other contributory causes of importance: Marked hypertension

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R J Young M. D.

(Address) 1429 Hollins St

✓ F 14862

14862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82a

Registered No.....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Betty Walthers.

(a) Residence: No. 1418 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Single. |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 7y | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 1935

19. UNDERTAKER John C. Miller
(Address) 2735 E. Oliver St.

20. FILED ..... 19.... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1935 to 7/26, 1935

I last saw her alive on 7/26, 1935 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

| | Duration of about |
|---|---|
| Bronchopneumonia | 3 days |
| Cerebral Hemorrhage | 6 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert G. Reiter M. D.

(Address) Balto City Hosp.

Reg. for Williams, M.D.

H. D. B. 1268-9

14863 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14863

# CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 W Lafayette Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenora Willis

(a) Residence: No. 1818 W Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~; Widowed, or Divorced (write the word) |
|---|---|---|
| F | N. | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James D Willis

7. DATE OF BIRTH (month, day, year) Feb 11 1850

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 10 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

13. NAME John Frank Seiger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lydia Weiser

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Dr. H. V. Bellamy
(Address) 1818 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date August 3 19 35

19. UNDERTAKER Fortunato & Sons
(Address) 1221 Eutaw Place

20. FILED 19 Registrar.

AUG 31 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 19 35

22. I HEREBY CERTIFY, That I attended deceased from April 8 19 35 to July 31 19 35

I last saw her alive on July 30 19 35 Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1930 |
| Cerebral Hemorrhage | June 20, 1935 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Phys. Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H V Bellamy M. D.

(Address) 1824 W Lafayette

✓ F 14864

14864 HEALTH DEPARTMENT—CITY OF BALTIMORE

97

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward 3)

Length of residence in city or town where death occurred 1yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Lambert Whittemore

(a) Residence: No. 846 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8/10/1841

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 93 | 11 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cane maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Whittemore

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Records Bd. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 31, 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

FILED 7 31 1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/4, 1935 to 7/29, 1935

I last saw him alive on 7/29, 1935. Death is said to have occurred on the date stated above, at 11 18 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Hypertension | ? |
| Other contributory causes of importance: Senility | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

M. D.

(Signed) Robert A Reitz

(Address) Balto City Hosp.

F. D. B. 1268-9

✓ F 14865

14865 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bilbrough

(a) Residence: No. Greensboro, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widower |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Bilbrough

7. DATE OF BIRTH (month, day, year) about 1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Peona

13. NAME Ismael Bilbrough

14. BIRTHPLACE (city or town) (State or country) Peona

15. MAIDEN NAME Martha Averill

16. BIRTHPLACE (city or town) (State or country) Peona

17. INFORMANT Mrs. R. B. Rawlings

(Address) Greensboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro Md. Date Aug. 3 35

19. UNDERTAKER Geo. H. Manley Co.

(Address) 10 E. North Ave. Balto. Md.

20. FILED Huntington Williams Registrar.

JUL 31

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26 1935 to July 30 1935

I last saw him alive on July 30 1935. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | — |
| Prostatic Hypertrophy Benign | May 1934 |

Other contributory causes of importance:

Name of operation Supra pubic cystotomy Date of 7-30-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. McNally M. D.

(Address) Senior House.

H. D. P. 1268-9

F 14866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

82a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No.) West Balto General Hosp (St., Ward) 15 — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Isaak Hornstein

(a) Residence: No. 2005 Baker St. Ward. ... (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

6. If married, widowed, or divorced (or) WIFE of — Late Moses.

DATE OF BIRTH (month, day, year) 1855

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Russia

13. NAME OF FATHER — Unknown

14. BIRTHPLACE (city or town) (State or country) — Russia

15. MAIDEN NAME OF MOTHER — Lottie Leonard

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — David Hornstein

(Address) 2025 Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL — Place Hebrew Cemetery Date July 31 1935

19. UNDERTAKER — Sol Kaufman Bro

(Address) 1117 E Balto St

20. FILED ... 19 ... Registrar.

JUL 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28 1935 to July 30 1935

I last saw her alive on July 30 1935 Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | ? |
| Cerebral Arteriosclerosis | ? |
| Subarachnoid Hemorrhage | 7/28 |

Other contributory causes of importance:

Senility

Name of operation none Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Ralph Mosenel MD M. D.

(Address) 1803 W. North Ave

14867 ✓ F 14867

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

932

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 508 N. Broadway St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Jennie Goldberg
(a) Residence: No. 508 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mat

DATE OF BIRTH (month, day, year) 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME William Weintraub
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rachel —
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Mat Goldberg
(Address) 508 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL
Place Israel Cemetery Date July 31, 1935
19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E. Balto St
20. FILED JUL 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to July 31, 1935
I last saw h[illegible] alive on July 30, 1935 Death is said to have occurred on the date stated above, at 4:45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | |
| | |
| Other contributory causes of importance: | |
| Pneumonia influenza | |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Asst Coroner M. D.
(Address) 1575 N. Eutaw

D. B 1268-9

V. I 148,8

# HEALTH DEPARTMENT—CITY OF BALTIMORE

186a

## CERTIFICATE OF DEATH

14868

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 12

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Barry Mahool.

(a) Residence: No. 243 Maryland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, XXXXXXXXXXXX HUSBAND of XXXXXXXX Mary Mahool.

DATE OF BIRTH (month, day, year) September 14, 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 10 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME James Mahool.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Fannie Hammond.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT J. Barry Mahool Jr.(son)

(Address) 2437 Maryland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Aug 1 1935

UNDERTAKER John C. Weishaupt & Son

(Address) 1900 Eutaw Pl.

FILED 1935 Attesting Witness Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of right patella. | 7/20/35 |
| Accidental fall to pavement. | |
| Cerebral Embolism. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Otto Reinhardt, M. D. Coroner

7/30/35 Address) 1017 E. Charles St.

D. B. 1768-9

14869 HEALTH DEPARTMENT—CITY OF BALTIMORE 14869

# CERTIFICATE OF DEATH

54B

1. PLACE OF DEATH St Joseph Hospital 27 Ward)
CITY OF BALTIMORE: (No. 901 Aisquith Street St.,
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sister Kevin Lyons
(a) Residence: No. Notre Dame Convent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 11, 1883

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 3 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0068
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxbury Mass.
13. NAME William Lyons
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Whelton
16. BIRTHPLACE (city or town) (State or country) Roxbury Mass.
17. INFORMANT Sisters of Notre Dame
(Address) 901 Aisquith Street
18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff, Md. Date Aug 1 1935
19. UNDERTAKER Frank E. Fink
(Address) 915 E. Gay St
20. Filed JUL 31 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935 to July 30, 1935
I last saw her alive on July 30, 1935 Death is said to have occurred on the date stated above, at 10.40 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Myomata uteri. | over |
| 2. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation Hysterectomy Date of 7-22-35
What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Magruder M. D.
(Address)

D. P. 1268-9

F 14870

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14870

## CERTIFICATE OF DEATH

122a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stella J. Wessner

(a) Residence: No. 911 North Bradford St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Wessner

DATE OF BIRTH (month, day, year) April 17 1881

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 3 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aberdeen, Pa

13. NAME Samuel E. Stengle

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Emma E. Shatzer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mr. Benj. Wessner
(Address) 911 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Date Aug 2, 35

19. UNDERTAKER Wm. J. Tuckey & Son
(Address) 1128 E. Fayette St.

20. FILED 31 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935 to July 30, 1935

I last saw her alive on July 30, 1935 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Umbilical hernia - strangulated | |
| 2. Diabetes mellitus | |
| 3. Hypertension | |
| 4. Chronic nephritis | |

Other contributory causes of importance:

Name of operation herniotasty Date of 7-26-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Magruder M. D.

(Address) .....

F 14871

14871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46E

1. PLACE OF DEATH Maryland General Hosp Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Agnes Balgrano If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 N. Caroline St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | white | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A Balgrano

DATE OF BIRTH (month, day, year) Sept 16 1864

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 10 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Cy Md

13. NAME George R. Royston

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

17. INFORMANT Chas N. Albert

(Address) 1809 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Dunkirk Md Date Aug 2 1935

19. UNDERTAKER H. Pickens Sons

(Address) Route 40 Huntington Williams

FILED Aug 3 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26 1935 to 7/30 1935

I last saw he was alive on 7/30/35 1935. Death is said to have occurred on the date stated above, at 11 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Carcinoma Gall Bladder - metastasis to pancreas & Stomach | |
| Other contributory causes of importance: Myocardial Failure | 7-26-35 |

Was an operation performed? Yes Date of 7/26/35

For what disease or injury? Gall Bladder

Name of operation Cholecystectomy Date of 7/26/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Sellers M. D.

(Address) Md-Gen Hosp.

F 14872

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14872

## CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Broadway St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Jane Wellens

(a) Residence: No. 1720 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elwood M. Wellens

7. DATE OF BIRTH (month, day, year) Dec 6 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 7 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Ohio

13. NAME OF FATHER W. W. Evans

14. BIRTHPLACE (city or town) (State or country) Newark Ohio

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mary Wellens Beale

(Address) 1720 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Cem Date Aug 3 1935

19. UNDERTAKER Pk. Lodge Funeral Home

(Address) Monument & Huntington Williams, N.D.

FILED JUL 31 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to July 29 1935

I last saw her alive on July 29 1935. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | July 21-35 |
| | |
| | |

Other contributory causes of importance:

Hypertension

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard W. Warner M. D.

(Address) 2604 Garrison Blvd.

F 14873

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14873 820

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4641 Resterstown Rd Ward) : (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burns, Marion Mechanic If U. S. Veteran specify WAR None

(a) Residence: No. 4641 Resterstown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Michael

DATE OF BIRTH (month, day, year) March 8 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 4 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Producer (1045)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) July 1935 — 11. Total time (years) spent in this occupation 30
12. BIRTHPLACE (city or town) (State or country) Frederick Md
13. NAME OF FATHER William H. Michael
14. BIRTHPLACE (city or town) (State or country) Frederick Md
15. MAIDEN NAME OF MOTHER Jane E. Speach
16. BIRTHPLACE (city or town) (State or country) Frederick Md
17. INFORMANT Mrs Grace Michael
(Address) 4641 Resterstown Rd
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date July 31 19 35
19. UNDERTAKER H. Rudquist Sons
(Address) Hunting Ave & Lemmon Hunting Ave & Penna, Md.

AUG 1 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1925, to July 28th, 1935.

I last saw him alive on July 26th, 1935. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Idiopathic Hypertension Dis | 2 yrs |

Other contributory causes of importance:

Sudden death supposed by Myocardial temp. Probably cerebral hemorrhage

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

Signed Frederick J. Baetzer, M. D.

(Address) Medical Arts Bldg. - Baltimore

✓ F 14874

14874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

349 - 97

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary Cole.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1214 W. Madison St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James.

DATE OF BIRTH (month, day, year) Apr. 25 ?

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 3 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME Thomas Heath

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sylvia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary. Date July 1st 1935

19. UNDERTAKER Chas J Wilson

(Address) 1100 Brantley Ave

20. FILED ..... 19 ..... Huntington Williams, M.D.

UL 3 1 1

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/18, 1935 to 7/30, 1935

I last saw her alive on 7/30, 1935 Death is said to have occurred on the date stated above, at 4 15 a. m.

The principal cause of death and related causes of importance were as follows:

Aneurysm Aorta

Arteriosclerosis

Other contributory causes of importance:

| Date of onset |
|---|
| 2yrs |
| ? |
| over |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Ritz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 14875

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14875

## CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3140 Fait Ave. St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Patrick Henry Flynn

(a) Residence: No. 3140 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Flynn.

6. DATE OF BIRTH (month, day, year) April 18 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mathew Flynn.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Hm Flynn (Son)

(Address) 3140 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 2 35

19. UNDERTAKER Tilly & Zollenbrs

(Address) 403 S Stiles Huntington Wilmington, W Va

20. FILED 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to July 29 1935

I last saw him alive on July 29, 1935. Death is said to have occurred on the date stated above, at 10 32 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | |
| Chr. Myocarditis | |
| Apoplexy | 7-25-35 |
| Myocardial Failure | 7-29-35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Ex. Alone Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Ed Schmeagle M. D.

(Address) 842 S. East Ave.

M. D. B 1268-9

F 14878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

**F 14876**

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3802 Hudson St., 26 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony F Fischer

(a) Residence: No. 3802 Hudson St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21 1935

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| — | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernard Fischer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gantz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bernard Fischer

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sarrel Heat Date July 31. 1935

19. UNDERTAKER Tully & Zeiler

(Address) Huntington Maryland

20. FILED JUL 31 1935 . 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gastro enteritis | July 25 |
| | |
| | |
| | |

Other contributory causes of importance: Bottle fed.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Wright M. D.

(Address) 1010 S. Eutaw St.

F 14877 ✓ F 14877

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

151

Registered No.

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Rosenfeld

(a) Residence: No. 621 N Franklin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles S.

7. DATE OF BIRTH (month, day, year) July 4, 1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | — | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Timothy Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alice Barry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles Rosenfeld

(Address) 1812 Hope st.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Aug 3 1935

19. UNDERTAKER Sol Lewinson & Bro

(Address) 1127 E Balto st

20. FILED Aug 1 1935 Hamilton Hill, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28 1935 to July 31 1935

I last saw h alive on July 31 1935. Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbuncle left shoulder | 2 weeks |
| Other contributory causes of importance: Diabetes mellitus | |

Was an operation performed? Yes Date of 7/30/35

For what disease or injury? Carbuncle

Name of operation Excision carbuncle Date of 7-30

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H. Ramsay M. D.

(Address) Maryland General Hosp

F 14878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14878

## CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 E. Fayette St. St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Baskerville

(a) Residence: No. 1415 E. Fayette St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | ? |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) ?

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 35 ? | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Northeastern Police Station
(Address) Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date July 31, 1935

19. UNDERTAKER .....
(Address) .....

FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute alcoholism | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave.

D. H. 1268 F 14879 ✓ F 14879

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH 160B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dirzuweit.

(a) Residence: No. 4108 Gatlison Blvd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 27th 1935

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 5 min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John F Dirzuweit

14. BIRTHPLACE (city or town) (State or country) York, Pa.

15. MAIDEN NAME Helen Richardson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Cemetery Date 7/31/35 19

19. UNDERTAKER
(Address)

20. FILED Aug 1 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27th, 1935, to July 28th, 1935.
I last saw him alive on July 28th, 1935. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (7½ mos) | |
| Intra Cranial Hemorrhage | over |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Cisternal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Glenn Wilson Jenkins, M. D.

(Address) Womans Hospital

K 98 ✓ F 14880

F 14880

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospt. St. 9 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Kanes

(a) Residence: No. 719 Eaton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Kanes

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ct.

13. NAME Frank Yates

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Rose Steele

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Robt Yates Superintendent, Inf
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Cem Date Aug 1 1935

19. UNDERTAKER Hooper & Hartdorf
(Address)

20. FILED Aug 1 1935 Burial to Williamsport, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to July 30 1935

I last saw her alive on July 30 1935 Death is said to have occurred on the date stated above, at 10 50 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Peritonitis | |

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-27-35

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Magruder M. D.

(Address)

F 14881

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Belnord Ave St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary C. Wilhelm

(a) Residence: No. 132 N. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Abraham Wilhelm

7. DATE OF BIRTH (month, day, year) Nov 17 1866

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 8 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Pheiffer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Hoover

(Address) 52 1/2 Bolvill Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Date Aug 2nd 1935

19. UNDERTAKER C. Heiffer & Son

(Address) 2334 Jefferson St

20. FILED 8-1-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-35

22. I HEREBY CERTIFY, That I attended deceased from 6-1-35 to 7-29-35

I last saw her alive on 7-28-35 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Acute Nephritis
Uremia

Date of onset
June
1-35

Other contributory (secondary) importance:

Arteriosclerosis

Was an operation performed? For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

M. D. R. 1268-2

F 14882

F 14882

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William G. Mombenger

(a) Residence: No. 3800 Ridgecroft St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Mombenger

6. DATE OF BIRTH (month, day, year) Jan. 23-1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 5 8 | 6 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engr. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. mgmt. in 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME George Mombenger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rachael Hamf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M. Mombenger

(Address) 3800 Ridgecroft Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Aug. 1 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Eutaw St.

20. FILED 1935 Aug 2 1935 Wilhelmina, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to July 30, 1935

I last saw h living on July 30, 1935 Death is said to have occurred on the date stated above, at 7:10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Cystitis | |
| 3. Diabetes mellitus | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Magruder M. D.

(Address)

M. D. F 14883 ✓ F 14883

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Fairview ave, St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Lindsay Stacy

(a) Residence: No. 3502 Fairview Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Lillie " Hunter Stacy Smith

6. DATE OF BIRTH (month, day, year) Aug. 9 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Lillie S. Stacy (Address) 3502 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Aug 1 1935

19. UNDERTAKER John C. Mitchell & Sons (Address) 1800 Eutaw Place

20. FILED Aug 1 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said injury (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance:

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. Parran, M. D.
Coroner

(Address) 215 Hanover

M. D. B. 1965-9

F 14884 ✓ F 14884

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lina Schmidt

(a) Residence: No. German Aged Home St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Schmidt

7. DATE OF BIRTH (month, day, year) August 9, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 11 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Ludwig Goebel

14. BIRTHPLACE (city or town) ..... (State or country) Germany

15. MAIDEN NAME Elizabeth Mangold

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Miss Anna Poercher

(Address) German Aged Home

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date August 1 19 35

19. UNDERTAKER Joseph H. Cook

(Address) 1001 W. Baltimore St.

FILED AUG 1 1935 Thurlington Hill Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935 to July 30, 1935

I last saw h.. alive on July 30, 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Central Hemorrhage | 7/28/35 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | 7 |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adelle Hemming M. D.

(Address) 2000 Hollins St.

4885 H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14885

## CERTIFICATE OF DEATH.

59

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 East 27th St. 6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose M Schuncke

(a) RESIDENCE. No. 2926 E. Fayette St., Ward.

(Usual place of abode)

If U. S. Veteran—Specify War

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. J. Schuncke

6 DATE OF BIRTH (month, day, and year): Sept 11th 1869

7 AGE — Years: 65 Months: 10 Days: 19 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Josephine Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Elizabeth A Cooke

(Address) 525 East 27th St

Filed AUG 1 - 1935 Registrar: Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30th 1935

17 I HEREBY CERTIFY, That I attended deceased from October 23 1934. to July 30 1935.

that I last saw her alive on July 30 1935.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Myo-Cardal Degeneration

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Josh L. Cohen M. D.

7/31, 1935 (Address) 16 So. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer Cemetery | Aug 1 — 1935 |
| 20 UNDERTAKER: Wellauer Cooke | ADDRESS: 1215 St. Paul |

14886 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14886

# CERTIFICATE OF DEATH

451 D

Registered No. .....

1. PLACE OF DEATH U. S. Marine Hospital,
CITY OF BALTIMORE: (No. Wyman Park Drive St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME Leo J. Cox

(a) Residence: No. 914 North Central Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) December 5, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver 6023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wernig Moving & Storage Co.

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER FATHER

13. NAME Michael Cox

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Mary Magnier.

16. BIRTHPLACE (city or town) (State or country) Richmond, Virginia.

17. INFORMANT U.S. Marine Hospital-Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 8/2 1935

19. UNDERTAKER Harry H. Mitchell
(Address) 410 E Edmondson Ave

20. FILED, 8-1-1935 Huntington, Virginia, 8-5-35 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1935

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1934 to July 31 1935

I last saw him alive on July 31 1935. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epithelioma, prickle cell, Group 4, right lower jaw, face & neck | 1933 |

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 4-12-35, 6-17-35

For what disease or injury? Epithelioma

Name of operation Incision & Drainage, Excision of Mandible, rt. lower Date of 4-12-35, 6-17

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E. M. Townsend, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

H. D. B. 1268-9

14887 604 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14887

CERTIFICATE OF DEATH 47c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 4 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Sipe.

(a) Residence: No. 3 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-12-72

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Abner Sipe

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 8/1, 1935

19. UNDERTAKER Harry H. Weitzel

(Address) 4918 Edmondson Ave

FILED Aug 1 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935 to July 28, 1935

I last saw him alive on July 28, 1935 Death is said to have occurred on the date stated above, at 12:37 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of right pyriform sinus. | ? |
| Broncho-pneumonia | 10 days ago |

Other contributory causes of importance:

Name of operation Tracheotomy Date of May 23, 1935.

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify

(Signed) John C. O'Neill, Jr., M. D.

(Address) Johns Hopkins Hospital.

✓ F 14888

F 14888 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Simon

(a) Residence: No. 2405 Annapolis Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude Simon

6. DATE OF BIRTH (month, day, year) Nov. 7, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0031

12. BIRTHPLACE (city or town) (State or country) London, England

FATHER

13. NAME Harry Simon

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ford Simon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Maude Simon

(Address) 2405 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 3, 1935

19. UNDERTAKER Chas. E. Franck

(Address) 802 Madison Ave Huntington Apartments, Md

20. FILED 1 - 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935, to July 31, 1935

I last saw him alive on July 30, 1935. Death is said to have occurred on the date stated above, at 7:35 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance: Acute heart failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward T. Franck, M. D.

(Address) Mercy Hospital

F 14889

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14889

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Naomi Shaw

(a) Residence: No. 1511 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah Shaw

7. DATE OF BIRTH (month, day, year) May 18, 1911

| 8. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 | 2 | 12 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

11. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME George Vinson

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Delia Nunn

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Pk. Date Aug 3 1935

19. UNDERTAKER Tittle Gross
(Address) 1468 Ashland Ave

Huntington W. Va.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to July 30 1935

I last saw her alive on July 30 1935 Death is said to have occurred on the date stated above, at 12.10 m. p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospital

14890

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Dallas St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Perkins Berg

(a) Residence: No. 1712 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meredith Perkins

6. DATE OF BIRTH (month, day, year) 1887

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME (Father) James Conaw

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME (Mother) Maggie Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rufus Berg
(Address) 1712 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date Aug 1 1925

19. UNDERTAKER Edw Bryan
(Address) 1691 Orleans st

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1925

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1925 to July 29, 1925

I last saw him alive on July 28, 1925 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peri-Rectal Abscess | July 10, 1925 |
| Generalized Septicemia | |
| Cellulitis of Abdomen | |

Other contributory causes of importance:

Was an operation performed? Yes Date of July 22, 1925

For what disease or injury? Peri Rectal abscess and Cellulitis of abdomen

Name of operation Incision & Packed Abscess Cavity Date of July 22, 1925

What test confirmed diagnosis Clinical Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 429 E Monument St

F. 14891

H. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14891

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth?..yrs..mos..ds.

2. FULL NAME Shirley Green

(a) Residence: No. 717 N. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) August 10 1934

| AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | — | 11 | 20 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Kelly

14. BIRTHPLACE (city or town) (State or country) St. Louis Missouri

15. MAIDEN NAME Mattie Green

16. BIRTHPLACE (city or town) (State or country) Barksville Virginia

17. INFORMANT Mattie Green

(Address) 717 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lyle Cemetery Date Aug 1 1935

19. UNDERTAKER Lyle Bros. Geo. E. Lyle

(Address) 1641 Pennsylvania Ave.

1935

Huntington Williams M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..19.. to ..19..

I last saw h.. alive on ..19.. Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ..Date of..

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..Date of Injury.. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 14892

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14892

## CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 15 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Burns

(a) Residence: No. 2510 Oswego Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 15, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James F. Burns

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Sullivan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James F. Burns
(Address) 2510 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 1, 1935

19. UNDERTAKER Clarence Lippman
(Address) 2611 Park Heights Ave

20. FILED AUG 1 1935, 19 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to July 31, 1935
I last saw him alive on July 31, 1935 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca. Glomerulo Nephritis | 10 days |
| Gastro-enterocolitis. | 1 Day? |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry M. Robinson M. D.
(Address) University Hospital

F 14893

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14893

82a

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 148 N. Streeper St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Beardmore

If U. S. Veteran specify WAR

(a) Residence: No. 148 N. Streeper St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Samuel Beardmore

6b. DATE OF BIRTH (month, day, year): Aug 11 1855

7. AGE: Years 77 | Months | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

MOTHER FATHER

13. NAME: Malcom

14. BIRTHPLACE (city or town) (State or country): Eng.

15. MAIDEN NAME: don't know

16. BIRTHPLACE (city or town) (State or country): Eng.

17. INFORMANT: Annie Wallenfeck

(Address) 148 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL: Lindon Park Date 8/11 1935

19. UNDERTAKER: J. Bolan

(Address) 336 E. Baltimore St.

20. FILED 8-1-1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to July 29, 1935

I last saw her alive on July 29, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

Gustav C. Theuer, M. D.

(Address) 2601 E. Fairmount Ave.

F 14894

14894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospt (St.) 27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Coombs

(a) Residence: No. 5231 Belmont Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Tilly Coombs

6b. DATE OF BIRTH (month, day, year): 8-?-?

7. AGE: Years 42 | Months ? 11 | Days ? | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 0070

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: William Coombs

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Emma Smith

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Balto City Hospt

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date July 31 1935

19. UNDERTAKER: George A. Gibson

(Address) 1735 Lanvale St

Huntington Williams, M.D. Registrar

20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-29-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1934 to 7-29-1935

I last saw him alive on 7-28-1935 Death is said to have occurred on the date stated above, at 8 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized arteriosclerosis | ? |
| 1. Antrum sclerotic gangrene, left post- | ? |
| Broncho-pneumonia | (Approximate) 1 yr 3 days |

Other contributory causes of importance:

Was an operation performed? no Date of 7-7-35

For what disease or injury? Antrum sclerotic gangrene

Name of operation Amputation, left thigh Date of 7-7-35

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If specify .....

(Signed) Ralph J. Martin M. D.

(Address) Balto. City Hospt

M. D. B. 1268-9

F 14895

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

7/7 F 14895 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alma Suter

(a) Residence: No. 1815 E Madison St., E Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

5a. If married, widowed, or divorced (or) WIFE of Lee

6. DATE OF BIRTH (month, day, year) 5/20/93

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 42 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Wm Madison

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Rosa Gassaway

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Friends

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/2 1935

19. UNDERTAKER Robert F. Cooley Inc.

Address 804 N. Caroline St.

20. Filed ... 1935 ... 19 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935 to July 30, 1935

last saw her alive on July 30, 1935. Death is said to have occurred on the date stated above, at 3:52 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Arteriosclerosis | |
| Vascular Nephritis | over |
| Pulmonary Infarcts | |
| Left Hemiplegia | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wade B. Alcorn M. D.

(Address) Johns Hopkins Hospital

H. D. B 1268-9

F 14898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14896

## CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of York St. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Jackson. (C)

(a) Residence: No. 1414 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) November 30, 1822

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 12 | 7 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wilbert Jackson. (C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Aurlia Henry. (C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Wilbert Jackson. (father)

(Address) 1414 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn. Date 8/1/35 19

19. UNDERTAKER E. McE. Williams

(Address) 1515 E. McElderry St.

20. FILED 1935 19 Huntington Pettiaux, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.15 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Hemsath, M. D.
Coroner

7/31/35 Address 1017 N. Charles St.

M. D. B. 1 F 14897 ✓ F 14897

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 Stinson St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Chaney

(a) Residence: No. 338 Stinson St., Ward. Balt. Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29-1935

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or 5 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 338 Stinson St Balt. Md

FATHER

13. NAME Theodora Chaney

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Margaret A-ix

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date July 31 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Hunter for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 1930 to July 29 1935
I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.25 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Baby | |
| Lived 5 Minutes | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave.

F 14898 ✓ F 14898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34 J - 153B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James White (Sarah Ann St)

(a) Residence: No. 605 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/16/1881

8. AGE: Years 53 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Wm. White

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Harriet Reed.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. T. Lord School Date Aug 1 1935

19. UNDERTAKER

(Address)

20. FILED 1-1935 Hartigan Funeral Home, Inc.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/19 1935 to 7/29 1935

I last saw h alive on 7/29 1935 Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 1 day.

Exfoliative dermatitis from adaphenamine — 26 day.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 14899 ✓ F 14899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Henry Hall

(a) Residence: No. 797 W. Mulberry st. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 25, 1912

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0023

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

FATHER

13. NAME Henry Hall

14. BIRTHPLACE (city or town) (State or country) Arkansas

MOTHER

15. MAIDEN NAME Sally Allen

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Aug 3, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20a FILED 1 - 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY. That I attended deceased from April 30, 1935 to July 31, 1935
I last saw him alive on July 31, 1935. Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 1935 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlquin M. D.
(Address) Baltimore City Hospital

M. D. B. 126 F 14900 ✓ F 14900

301956 HEALTH DEPARTMENT—CITY OF BALTIMORE

Surg

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 19 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Daniels No

(a) Residence: No. 22 N. Carey St., Ward. Record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of Nannie (name)

6. DATE OF BIRTH (month, day, year) April 23, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Enton Daniels

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Nannie Tacker

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Loudoun Date 8/3 1935

19. UNDERTAKER Wm Coul

(Address) 1219 E Coul St

20. FILED [illegible] Registrar

AUG 1 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 31 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to July 31, 1935

I last saw him alive on July 29, 1935 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Carcinoma of Stomach & multiple metastasis | 3-30-35 |
| 2. Left hemiplegia. Lemur of eye? metastasis? | 7-26-35 |
| 3. Secondary anemia. | Apr-35 |
| 4. Cardiac hypertrophy. | - |
| 5. Emphysema. | - |

Other contributory causes of importance:

| | |
|---|---|
| 1. Arteriosclerosis | - |
| 2. Senility. | - |

Name of operation Exploratory Laparotomy Date of 7-24-35

What test confirmed diagnosis? Histology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

None If so, specify

(Signed) James Monroe Mason II M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

H. D. B 1268-9

F 14901

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14901

## CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24

Length of residence in city or town where death occurred 76 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Henry Schier.

(a) Residence: No. 1113 Riverside Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, HUSBAND of Mary E. Schier.

7. DATE OF BIRTH (month, day, year) August 9, 1858

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 76 | 11 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper, 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O.R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick Schier.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Knichter

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Schier. (wife)

(Address) 1113 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 3rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 1 - 1935 Registrar 7/31/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis. | |
| Uraemia. | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

(Address) 1017 E. Charles st.

M. D. B. 1938-0

F 14902

3022 F 14902

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. (2 ds.) How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Granville H. Swope II

(a) Residence: No. Ruxton Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Inna Crowther

6. DATE OF BIRTH (month, day, year) 3/17/08

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Harry Swope

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Helen Selden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sherwood Cem Cockeysville Md Date Aug 2 1935

19. UNDERTAKER Lemmy W. Jenkins Bros Co
(Address) McCulloch & Orchard St

20. FILED 1 1935 AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 1935 to July 31 1935

I last saw h[illegible] alive on July 31 1935. Death is said to have occurred on the date stated above at 9 a m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Thoracic Orchitis Embolus

Date of onset July 29 July 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morgan Cutter M. D.

(Address) Johns Hopkins Hosp

F 14903 ✓ F 14903

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46 F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 N. Washington st Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran (Philippine Insurrection, Spanish War, or World War) specify WAR ..... Philippine Insurrection + World War

2. FULL NAME Harry Hunsberger

(a) Residence: No. 1311 N. Wash. st St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 24/1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieut. U. S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Enos Hunsberger

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Anna Fulp

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Ella Hunsberger

(Address) 287 N. 6th st. Allentown Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Pa. Date Aug 3 '35

19. UNDERTAKER Philip Herwig Sons

(Address) 2261 Eutaw st

20. FILED Huntingdon Pennsylvania

GT-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935, to Aug 1, 1935

I last saw h... alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Carcinoma of Prostate with metastasis to liver & gall bladder | 3 |
| Other contributory causes of importance: Leukemia | 1 day |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Orrell F. Stone M. D.

(Address) 1007 E. Baltimore St.

14904

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14904

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Anna Shubert

(a) Residence: No. 114 Berkhead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of John W. Shubert

6. DATE OF BIRTH (month, day, year) Aug 17 1869

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 65 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Burk

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maryann Bowde

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dau
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Aug 2nd 1935

19. UNDERTAKER Wm E. Cook
(Address) 1217 E. Fayette St

20. FILED 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935, to July 30, 1935

I last saw her alive on July 30, 1935. Death is said to have occurred on the date stated above, at 4:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio Vascular Renal Disease | ? |
| Other contributory causes of importance: Cerebral Haemorrhage | July 30 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Sacks, M. D.

(Address) Mercy Hospital.

14905 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 14905

## CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH Mercy Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sadie Horsey — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2813 Guilford Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Irving Horsey

6. DATE OF BIRTH (month, day, year) Feb. 7, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) July 31, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Daniel Pierce

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER

15. MAIDEN NAME Jane Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Pierce
(Address) 2813 Guilford ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug 3rd, 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED AUG 2 - 1935 21. Huntington, W. Va. (Residence) Ellis

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935, to July 31, 1935.
I last saw h.. alive on July 31, 1935. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 7/28/35 |
| Other contributory causes of importance: Arteriosclerosis (Generalized) | ? |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Grafton Hergenger, M. D.

(Address) Mercy Hospital

Spec.—6-9-19—H. P. Co.—1000 Blks.

✓ F 14906

F 14906

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2550 Mc Henry ST.: 20 WARD)

2-FULL NAME Kate A. Leydecker

(a) RESIDENCE. No. 2550 Mc Henry ST., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. How long in this city?

U. S. Veteran? No

Record

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Chas. W. Leydecker

6 DATE OF BIRTH (month, day, and year): May 13th 1864

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 2 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis C. Uhl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Heiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Philip L. Leydecker 39 S Wickham ave

15 Filed AUG 2 - 1935

Attested by Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 1st 1935

17 I HEREBY CERTIFY, That I attended deceased from May 19 35, to Aug 1 19 35; that I last saw h— alive on Aug 1 19 35; and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Z Duckbaker, M. D.

Aug 2, 1935 (Address) 2360 Frederick

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 8/5/1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

0037

✓ F 14907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14907 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Wilcox St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Wars

2. FULL NAME Luther E. Wooden

(a) Residence: No. 1006 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Amelia Wooden

6. DATE OF BIRTH (month, day, year) July 28, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 0 | 5 | 4 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Ship

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Dry Dock

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME James Wooden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Lizzie Porter

(Address) 1006 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Aug 5, 1935

19. UNDERTAKER Edgar W. Conklin

(Address) 924 Eutaw St Huntington Hotel

FILED Aug 2 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1935 to Aug 2-, 1935

I last saw him alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 7/25 |
| & Pleurisy with Effusion | 7/1 |
| | over |
| Other contributory causes of importance: Chronic Asthma (Bronchial) | 2 Yrs |

Was an operation performed? No Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas R Blake M. D.

(Address) 924 Eutaw St

14908 ✓ 14908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

134

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mrs. Agnes Rebecca Coleman Witcher If U. S. Veteran specify WAR —

(a) Residence: No. 3204 Avon Ave. City. St., — Ward. —
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Witcher

6. DATE OF BIRTH (month, day, year) May 3. 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Danville Va

FATHER

13. NAME Jesse Tinsley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agnes Daniel

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. C. Witcher (Address) 3204 Avon Ave

18. BURIAL, CREMATION, OR REMOVAL Place Danville Va Date Aug 3. 1935

19. UNDERTAKER John D. Mitchell Sons (Address) 1900 Eutaw Place

FILED AUG 2 - 1935 Huntington Wm. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935 to Aug. 1. 1935

I last saw her alive on Aug. 1, 1935 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyonephritis Rt | 7/23/35 |
| Perinephritis Rt | 7/23/35 |
| Renal Stone Rt | 7/29/35 |

Other contributory causes of importance:

| | |
|---|---|
| Hypertrophied Bladder | 7/23/35 |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Robert H. Ivey M. D.

(Address) Union Memorial Hosp.

M. D. B 1268-9

F 14909 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14909

# CERTIFICATE OF DEATH

106B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Sawa(Zabawa)

(a) Residence: No. 627 S Dallas St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwik Zabawa

6. DATE OF BIRTH (month, day, year) Unk.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME George Lipa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Sawa Son

(Address) 627 S. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug. 3 '35

19. UNDERTAKER Fredus Ozajewski

(Address) 1930 Eastern Ave.

Registrar.

AUG 2 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... Death is said I last saw h..... alive on ....., 19..... to have occurred on the date stated above, at 3.15 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Bronchiectasis
arteriosclerosis

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul Schuster M. D. Coroner

(Address) 1912 E. North ave.

Thomas Tracy ✓

14910 HEALTH DEPARTMENT—CITY OF BALTIMORE 14910

## CERTIFICATE OF DEATH

93c

Registered No. 1901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Tracy

(a) Residence: No. Little Sisters of the Poor-1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelia Mayson

6. DATE OF BIRTH (month, day, year): 17 Dec. 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Thomas Tracy

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Ellen Dacey

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus, Sup.
(Address) 1200 Valley St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 2, 1935

19. UNDERTAKER: Rita Wiedefeld
(Address) 914 Greenmount Ave

AUG 2 - 1935

20. FILED: Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931, to Aug 2, 1935

I last saw h[illegible] alive on July 29, 1935. Death is said to have occurred on the date stated above, at 3:40 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | ? |
| Arteriosclerosis | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hyp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Dr. Baker, M. D.

(Address) 114 Harford Ave

M. D. B. 1268-9

✓ F 14911

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14911

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 McElderry St., 5 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Coleman

(a) Residence: No. 1237 McElderry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Coleman

6. DATE OF BIRTH (month, day, year) 1/23/85

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto MD

FATHER

13. NAME Alonzo Ermey

14. BIRTHPLACE (city or town) (State or country) Trinidad BWI

MOTHER

15. MAIDEN NAME Mary Ann Wilson

16. BIRTHPLACE (city or town) (State or country) Balto MD

17. INFORMANT Eva Bantum
(Address) 1237 McElderry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Aug 2nd 1935

19. UNDERTAKER Mrs Robert A. Elliott & Daughter
(Address) 1129 Carolina St Huntington Avenue

20. FILED ..... 19..... Registrar.

8-2-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1935 to 7-30 1935

I last saw h.r alive on 7-28 1935 Death is said to have occurred on the date stated above, at 10:45 m. c.t.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1/35 |
| Other contributory causes of importance: | |
| Chronic Interstitial Nephritis | ? |
| Arterio-sclerosis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Eugene Thomas M. D.

(Address) 1500 E. Lafayette Ave

M. D. B. 1268-9

F 14912

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

B 02 181
14912

34-59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ida Powell

(a) Residence: No. 510 Chapelgate Lane St., Ten Hills Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen H.

6. DATE OF BIRTH (month, day, year) 7-27-72

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 0 | 5 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas J Deford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Brady

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 3 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED AUG 2 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to Aug 1, 1935

I last saw her alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cellulitis of face: (Streptococcus?) | 7-17-35 |
| 2. Probable Septicemia.? | |
| 3. Sinus thrombosis? (Cavernous?) | 7-27-35 |
| 4. Diabetes? | |

Other contributory causes of importance:

1. Syphilis (was)
2. Pyramided tract lesion - (Residual)
3. Obesity.

Name of operation Incision & cellulitis Date of 7-31-35

What test confirmed diagnosis? Autopsy. Was there an autopsy? No -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

✓ F 14913

14913

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47B

Registered No. .....

1. PLACE OF DEATH Md General Hospital 15 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 67 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Miss Grace LEFEVRE Mealoney

(a) Residence: No. 3313 Liberty Heights Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W. | Widowed Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1868

| 7. AGE | Years | Months | Days | If L[illegible] than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employment Agcy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1086

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME John Mealoney

14. BIRTHPLACE (city or town) Penn.
(State or country)

MOTHER

15. MAIDEN NAME Anna C Cornwell

16. BIRTHPLACE (city or town) Penn.
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 2 1935

19. UNDERTAKER J. J. Jackson & Sons
(Address) Woodberry Md

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 31, 1935

I last saw her alive on July 30, 1935. Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Carcinoma — Date of onset

Other contributory causes of importance:

Myocardial failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John H. Barnaby M. D.

(Address) Maryland General Hosp

✓ F 14914

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14914

## CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Jones

(a) Residence: No. 525 S Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Mulatto | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie 1876

6. DATE OF BIRTH (month, day, year) 4/~~6~~/~~1874~~ 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston.

FATHER

13. NAME Wm. Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Aug 2, 1935

19. UNDERTAKER Richard McMurray

(Address) 1620 Hunterian Williams, Md.

FILED 2-1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1935 to 8/1, 1935

I last saw him alive on 8/1 1935 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (?) | 1 hr. |
| Anteriodecdonis | 5 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Lester M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

# F 14915 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14915

## CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S. If of foreign birth --- yrs. -- mos. -- ds.

2. FULL NAME Frank A. Casey

(a) Residence: No. 524 E. 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosalie Kerndl

6. DATE OF BIRTH (month, day, year): May 18, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Washington D. C.

FATHER

13. NAME: Michael Casey

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): --------- Ireland

17. INFORMANT: Frank A. Casey
(Address): 636 Abbottson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cemetery Date: 8/3 19 35

19. UNDERTAKER: Henry J. Mears Son
(Address): 800 W. Lexington St.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7 1933 to July 31 1935

I last saw him alive on July 31, 1935 Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio Vascular Disease | 1925 |
| Chronic Interstitial Nephritis | 1933 |
| Other contributory causes of importance: Uraemia | July 28 1935 |

Name of operation: None Date of

What test confirmed diagnosis: Urine Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Edmunds M. D.

(Address) 2746 Alameda Blvd

M. D. R. 1268-9

300627 ✓ F 14916

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F-14916

## CERTIFICATE OF DEATH X 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Yates

(a) Residence: No. Charles Co Newport Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | married |

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of H. Yates

6. DATE OF BIRTH (month, day, year) June 11 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sam Barber

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Mitchell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Newport Md Date Aug 3 1935

19. UNDERTAKER Henry A Penn
(Address) Lafayette Huntington Williams, N.Y.

20. FILED ..... 19 ..... Registrar.

2-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to Aug 1 1935

Last saw h[illegible] alive on Aug 1 1935 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic ileus | July 30/35 |
| Other contributory causes of importance: Chronic nephritis | Not determined |

Name of operation Exploratory laparotomy Date July 26, 1935

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lapsley D. Jack M. D.

(Address) Johns Hopkins Hospital

M. D. B. F 14917 ✓ F 14917

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Infant Guess.

(a) Residence: No. 132 S. Clinton St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 0 | 0 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. Guess

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Barrack

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Chas Guess (Father)
(Address) 132 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 2 1935

19. UNDERTAKER Gilbert Zeller Sons
(Address) 1232 Walker St.

20. FILED ..... 19..... Registrar

AUG 2 - 1935 Commissioner of Health, Baltimore, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28 1935 to July 31 1935

I last saw her alive on July 31 1935. Death is said to have occurred on the date stated above, at 9 20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Broncho-pneumonia (Aspiration pneumonia) | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy (there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H M Wagenseller M. D.

(Address) .....

Spec.—2-29-28—L. F. S.—500 Bks.

F 14918

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14918

## CERTIFICATE OF DEATH

93c

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 St. Paul ST., 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Blanche Yarbury Higgins

(a) RESIDENCE NO. 710 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Higgins

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1869.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 10 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 00 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Maryland.

PARENTS

10 NAME OF FATHER Joseph Richards.

11 BIRTHPLACE OF FATHER (city or town) Pittsburg, (State or country) Pa.

12 MAIDEN NAME OF MOTHER Ellen G. Steele.

13 BIRTHPLACE OF MOTHER (city or town) Cambridge, (State or country) Maryland.

14 Informant Hugh K. Higgins (Son)

(Address) 710 St. Paul St.

15 Filed Aug 15, 1935. 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1935.

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1935, to Aug. 2, 1935, that I last saw her alive on Aug 2, 1935 and that death occurred, on the date stated above, at 12 45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) E. Wilson Sichel, M. D.

, 19 (Address) 5129 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL The Woodlawn Cemetery

DATE OF BURIAL 8/3 1935

20 UNDERTAKER Fred W. Mcook

ADDRESS 211 Saratoga St.

M. D. B 12

(Masuda) ✓ F 14919

F 14919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

213 F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Yoshiye Masuda

(a) Residence 1465 Uchigoze Nakamura (Usual place of abode) City Nakaku, Yokohama, Japan (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Japanese | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miyoko Unknown

6. DATE OF BIRTH (month, day, year) Feb 16 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 32 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2nd Officer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nobeoka Nagara Maru

10. Date deceased last worked at this occupation (month and year) (Aug 1 35)

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Japan

FATHER

13. NAME Unknown Masuda

14. BIRTHPLACE (city or town) (State or country) Japan

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Japan

17. INFORMANT M. Ooda, Purser (Address) Nobeoka Nagara Maru

18. BURIAL, CREMATION, REMOVAL Prospect Crematory Place Middle Village, L.I. Date Aug 4 1935

19. UNDERTAKER John C. Mitchell & Sons (Address) 1700 Eutaw Place

20. FILED Aug 5 1935 Registrar

G2-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 1 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (8.45 A.M.)

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 1 35

For what disease or injury? Fractured Skull

Name of operation Craniotomy Date of Aug 1 35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 1 1935

Where did injury occur? High Pier Yokohama Port (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hold of Ship Nagara Maru

Manner of injury Fell down hatchway

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Injured on board ship

(Signed) ..... M. D. Coroner

(Address) 1010 S. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

F 14920

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14920

## CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 71 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Peter Grogan (Catherine A.) If U. S. Veteran specify WAR .....

(a) Residence: No. 2700 East Preston St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W | Widow |

5a. If married, widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of Peter Grogan

6. DATE OF BIRTH (month, day, year) May 12 - 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Patrick Kane
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Bridget Linn
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nellie Grogan
(Address) 2700 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincent's Date 8/31, 1935

19. UNDERTAKER J. J. Moran
(Address) 3800 E. Baltimore St.

20. FILED 2 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28th, 1935, to July 31st, 1935. I last saw her alive on July 31st, 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Arteriosclerosis | |
| Hypertension | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. P. Hamburger Jr. M. D.
(Address) Union Memorial Hospital

M. D. H. 1368-0

F 14921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14921

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 E. Baltimore 26 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Hirt

(a) Residence: No. 3211 E. Baltimore St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hirt

6. DATE OF BIRTH (month, day, year) Sept. 7-1844

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 90 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) good

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Peter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Kuon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm M. Hirt
(Address) 3211 E Balt St

18. BURIAL, CREMATION, OR REMOVAL

Place Cath Lawn Date Aug. 4 19 35

19. UNDERTAKER [redacted]
(Address) [redacted]

20. FILED Aug 2 1935 19..... Thurlow [redacted] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to Aug 1. 1935

Last saw her alive on July 31 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. Valvular Heart disease | 1934 |
| | |
| | |
| Other contributory causes of importance: | |
| Ch. Interstitial nephritis | 1934 |

Name of operation none Date of —

What test confirmed diagnosis? Typical Picture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 N. York Av.

M. D. B. 1268-9

F 14922

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14922

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 S. East Ave. St., 26-11 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr John Thos Knight

(a) Residence: No. 832 S. East Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs Lena Knight

6. DATE OF BIRTH (month, day, year) Oct 30 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 4+

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME John P Knight

14. BIRTHPLACE (city or town) Elkridge City (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Dolan

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mrs Lena Knight
(Address) 832 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 8/5 1935

19. UNDERTAKER John G. Moran & Son
(Address) 2 E. Lexington St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933 to July 31 1935

I last saw him alive on July 31 1935. Death is said to have occurred on the date stated above, at 3 45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | |
| Chr. Cardiovascular Renal Disease | |
| Chronic Myocarditis | |
| Apoplexy | 7-22-35 |
| Myocardial Failure | 7-31-35 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Schmunk M. D.

(Address) 842 S. East Ave

M. D. B 1261-9

F 14923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14923

## CERTIFICATE OF DEATH

X 18

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Major

(a) Residence: No. Turners Station St., Md Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 18 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Nede Major

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Narcessis Abenta

16. BIRTHPLACE (city or town) (State or country) Columbia S. C.

17. INFORMANT Samuel Major - brother

(Address) Turners Station Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/2/35 19..

19. UNDERTAKER Samuel W. Chase & Son

(Address) 638 N. Gilmor

20. FILED ... 19.. Piper Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935 to Aug 2, 1935

I last saw him alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | 7-27-35 |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theron D Schwentker, M. D.

(Address) Sydenham Hospital

M. D. B. 1908-9

F 14924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen Hosp St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund Pape

(a) Residence: No. 706 Edgewood St Balto Md Ward. ... (If non-resident give city or town and State) now Life
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Pape

6. DATE OF BIRTH (month, day, year) June 8, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rices Bakery

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 2 yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Henry A Rape

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Conrad

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hilda Pape
(Address) 1525 Ellamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Aug 5 1935

19. UNDERTAKER Wm Cook
(Address) 1217 Pennsylvania Ave

20. FILED ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/11/35. 19 to 8/1/35. 19 ... I last saw h... alive on 8/1/35. 19 ... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebellar tumor | |
| | over |

Other contributory causes of importance:

Name of operation Ventriculogram Date of 7/15

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E J Allen M. D.

(Address) West Balto Gen Hosp

F 14925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

79a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Calvin Bruce Nicholson
If U. S. Veteran specify WAR World

(a) Residence: No 2718 N. Calvert St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

35 yrs

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Helen Nicholson

6. DATE OF BIRTH (month, day, year) March 24 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wrigley Co

10. Date deceased last worked at this occupation (month, year) 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Roanoke Va.

FATHER

13. NAME Jacob H Nicholson

14. BIRTHPLACE (city or town) (State or country) Ellicott City

MOTHER

15. MAIDEN NAME Fannie A. Robinson

16. BIRTHPLACE (city or town) (State or country) Seaford Del

17. INFORMANT Harry R. Nicholson
(Address) Pt. Tobacco Md

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Date Aug 3 1935

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

30. AUG 2 - 1935 Baltimore MD Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/35

22. I HEREBY CERTIFY, That I attended deceased from July 30th 1935, to August 1st 1935

I last saw him alive on August 1st 1935. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Non-specific Meningitis — Date of onset 7/30/35

Other contributory causes of importance:

Non-sp. Meningitis — 7/30/35

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Robert H Sivey M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

F 14926

F 14926

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 82a

1. PLACE OF DEATH St. Agnes Hospital 25

CITY OF BALTIMORE: (No. Wilkens & Caton Aves Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Upman (William Henry Upman)

(a) Residence: No. 26 Newburg Ave. Catonsville St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 77 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

FATHER

13. NAME John B. Upman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jane V. Betts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Rosa B. Upman

(Address) 26 Newburg Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date August 3, 1935

19. UNDERTAKER Joseph M. Cook

(Address) 1003 W. Baltimore St.

20. FILED 8 1935 Hunington Phelps Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-31-1935 to 8-1-1935

I last saw h[illegible]live on 8-1-1935 Death is said to have occurred on the date stated above, at 11.15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Essential Hypertension | |
| Cerebral Hemorrhage | 6-28-35 |

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Stamp M. D.

(Address) St Agnes Hospital

M. D. F 14927 ✓ F 14927

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Fulton St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Hammond (Thomas Alexander Hammond)
(a) Residence: No. 2507 Rayner Ave St., Balto Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma A. Hammond

6. DATE OF BIRTH (month, day, year) June 22, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 81 | 1 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Commission
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045
10. Date deceased last worked at this occupation (month and year) Sept. 1915
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER
13. NAME Alexander Hammond
14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER
15. MAIDEN NAME Shipley
16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mr. T. Alvin Hammond
(Address) 25 Newburg Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date August 3 1935
Wm H Kook

19. UNDERTAKER Wm H Kook
(Address) 1003 W. Baltimore St.

20. FILED 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/30/31 . 19 to 8/1/35 . 19
I last saw him alive on 8/1/35 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Accident Suicide~~ | |
| ~~Homicide~~ | |
| Chronic Myocardial Disease | |
| Chronic Nephritis | (Cause) |

Other contributory causes of importance:
Senility
Arteriosclerosis
Decubitus Ulcer

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Falussi M. D.
(Address) West Balto Gen Hosp

M. D. B 1268-9

F 14928 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14928

# CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Pinick

(a) Residence: No. 32 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Albert Pinick

6. DATE OF BIRTH (month, day, year) February 5 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 6 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Powell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sallie Fox

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sallie Cousin

(Address) 32 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Cem. Date Aug 3 1935

19. UNDERTAKER C. Kendall J. Dalferd

(Address) 1406 Gough St.

20. FILED AUG 3 1935 Fletcher Funeral Home, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Thrombosis Origin) | |
| Other contributory causes of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenten, M. D. Coroner

(Address) 1912 E. North Ave.

F 14929

F 14929

# HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S Calhoun St., 19 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August C. W Troele

(a) Residence: No. 2 S Calhoun St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Troele

6. DATE OF BIRTH (month, day, year) Nov 28/54

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 80 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Troele

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna M Troele
(Address) 2 S Calhoun st

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8/3 19 35

19. UNDERTAKER Robert Brothy & Son
(Address) Calhoun & Hollins sts

Filed ... 19 ... Registrar

AUG 3 - 1935 Huntington Williams, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1934 to Aug 1st 1935

I last saw him alive on July 30 1935 Death is said to have occurred on the date stated above, at 6:20 p m.

The principal cause of death and related causes of importance were as follows:

Degenerative Cardio-vascular disease — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Dudgeon M. D.

(Address) 326 W. Lombard

1936 ✓ 1930

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Woodbrook Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edna G. McMillan

(a) Residence: No. 2505 Woodbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William M. McMillan

6. DATE OF BIRTH (month, day, year): Dec. 22, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Noah Hill

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ada Algire

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. William M. McMillan
(Address): 2505 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Wesley M.E. Cem. Date: Aug 3, 1935

19. UNDERTAKER: E. Clifton Hampstead Md
(Address)

FILED: AUG 3 1935 19 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 to July 31 1935

I last saw alive on July 30 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | 1 year |
| | |
| | |
| Other contributory causes of importance: | |
| Malnutrition | 2 mos |

Was an operation performed? Yes Date of Oct 1933

For what disease or injury?

Name of operation Abdominal Hysterectomy Date of Oct 4th

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gilroy M. D.

(Address) Emmitsburg Md

14931 F 14931

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N Wolfe St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Charles W. Letmate

(a) Residence: No. 147 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Letmate.

6. DATE OF BIRTH (month, day, year) Jan 12-1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Letmate

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Caroline Porter

(Address) 147 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date Aug 3, 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw St

REGISTERED AUG 3 - 1935 Ft Eustis, Williams, Va

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Aug 1, 1935

I last saw h alive on July 31, 1935 Death is said to have occurred on the date stated above, at 5-45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1yr |
| Other contributory causes of importance: Exhaustion | 1 day |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Kent M. D.

(Address) 413 N Howard St

M. D. B 1268-9

# 14932 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14932

## CERTIFICATE OF DEATH

174

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital, 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 95 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Eva Harvey

(a) Residence: No. 622 n Bruce St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of: Floyd Harvey

6. DATE OF BIRTH (month, day, year) June 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus Ga

FATHER

13. NAME Horace Sapp

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Sally Turkuld

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Bessie Gaston

(Address) 620 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8-3- 1935

19. UNDERTAKER Bryson Magruder & Wright

(Address) 1281 N Eutaw St

Huntington Williams, Mgr.

Registrar

20. FILED AUG 3 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest Autopsy and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest Autopsy and from the evidence (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

Inquest Autopsy

Inquest Autopsy

The principal cause of death and related causes of importance were as follows:

Stab wounds of neck & femoral artery

Date of onset July 28 35

Other contributory causes of importance:

over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury July 28 1935

Where did injury occur? 622 n Bruce St Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Stab wounds of

Nature of injury neck & femoral artery

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. J. Allen M. D.

Deputy

(Address) C. C. Inquests

M. D. P 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1933 — F 14933

## CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 Ceddox St. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Williams.

(a) Residence: No. 1646 Ceddox St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, ~~divorced~~ (or) WIFE of Edward Williams.

6. DATE OF BIRTH (month, day, year) October 12, 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Alfred Tagg.

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Ann Curley.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Madeline Palen (grand daughter)

(Address) 1646 Ceddox St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 4 1935

19. UNDERTAKER John F. Denny

(Address) 715 Eight St

AUG 3 - 1935

... Registrar. 8/1/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Fennhardt M. D. Coroner

8/1/35 (Address) 1017 E. Charles st.

F 14934

# F 14934 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH Maryland Gen'l Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Henry Meekins

(a) Residence: No. Woodlawn, Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 yrs | 11 | ~~25~~ 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster 1023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

FATHER

13. NAME Joshua Meekins

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Kazia Smith

16. BIRTHPLACE (city or town) (State or country) Woodlawn, Md.

17. INFORMANT Daughter
(Address) 2008 Walbrook ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Olivet Roslyn Date Aug. 5 1935

19. UNDERTAKER John A. Legore
(Address) 715 Light St.

AUG 3 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-26-35 . 19 . to 8-1-35 . 19 .
I last saw him alive on 8-1-35 . 19 . Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis, bilateral, interstitial | |
| Hypertrophy prostate | over |
| Uraemia | |
| Other contributory causes of importance: | |
| Uremia | 7-26 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify W. P. Stephens MD

Signed) ..... M. D.

(Address) .....

✓ F 14935

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14935

## CERTIFICATE OF DEATH

82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 12 N. Milton Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U. S. If of foreign birth? ..yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William H Leyer

(a) Residence: No. 5-12 N. Milton Ave St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Leyer

6. DATE OF BIRTH (month, day, year) 5/10/1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 73 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (Stationary)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Leyer

(Address) 5-12 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Aug 3 1931

19. UNDERTAKER C. Miller & Son

(Address) 2336 W. Lexington Huntington Williams, Md

FILED 3-1935, 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug-10 1930 to July 31 1931

I last saw him alive on July 30 1931 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Arterial Hypertension | Sept 13 1930 |
| Cerebral Apoplexy (Cerebro Bulbar Paralysis) | |
| Other contributory causes of importance: Thyroidal Insufficiency | July 31 1931 |
| Acute Cardiac Dilatation | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm G Leyer M. D.

(Address) 156 N. Milton Ave

M. D. P. 1268-9

14936 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14936

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Payson St. 20 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Kelly

(a) Residence: No. 212 S. Payson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Kelly

6. DATE OF BIRTH (month, day, year) June 7 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Walking P.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Master B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mckeown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Kelly

(Address) 212 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date August 5 35

19. UNDERTAKER J. H. C. & F. N. Walters

(Address) 121 S. Tricker St.

AUG 3 1935

20. Filed Aug 3 1935 Huntington Williams Registrar

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to August 1, 1935

I last saw him alive on July 31 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis. | 1933. |

Other contributory causes of Importance: Benign Hypertrophy of Prostate (Surg)

Name of operation None — Date of ...

What test confirmed diagnosis? Renal. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Jerome E. Landsman M. D.

(Address) 601 Medical Arts Bldg.

F 14937

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14937

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Ida Peal

(a) Residence: No. 1150 Ridgely St. ..... St., ..... Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Peal

6. DATE OF BIRTH (month, day, year) Nov 26 - 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 yrs. | 8 mo. | 5 days | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Bentley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Mary Tracey

16. BIRTHPLACE (city or town) (State or country) Monmouth

17. INFORMANT Death Dept.

(Address) 1150 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 8/5/ 1935

19. UNDERTAKER John J. Cowde & Son

(Address) 601 W. Lexington Baltimore, Md.

FILED 8-3-1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-11-35 19..., to 8-1-35 19...

I last saw h... alive on 8-1-35 19... Death is said to have occurred on the date stated above, at 7½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemic Toxemia | |
| Nephritis | |
| Hypertensive Encephalopathy | 7-24 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stephen [illegible] M. D.

(Address) M.C. U.S. Army

M. D. B. 1268-9

✓ F 14938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14938

## CERTIFICATE OF DEATH

46 B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. # 1127 Sargeant St., 21 Ward)

Length of residence in city or town where death occurred 47 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Rayner

(a) Residence: No. # 1127 Sargeant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert J. Rayner

6. DATE OF BIRTH (month, day, year) Jan 26th, 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Ludwig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minie Rymer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Robert J. Rayner
(Address) # 1127 Sargeant Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 8/ 3/ 1935

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

3 AUG 1935 19 Huntington Wilkinson Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/ 31/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30/ 1935 to 7/31/35 19...

I last saw h[illegible] alive on 7/31/35 19... Death is said to have occurred on the date stated above, at 3.35 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | ? |

Other contributory causes of importance:

Name of operation Supra Pubic Op. Date of 1/20/35

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

N. J. (Signed) Bernard J. Feny M. D.

(Address) 9108 Liberty Rd

OCCUPATION is very important. See DIRECTIONS ON BACK OF CERTIFICATE.

M. D. B 1208-9

F 14939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14939

## CERTIFICATE OF DEATH

174

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Turner Hawkins.(C) 22

(a) Residence: No. 812 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 19 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Willian Turner)C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Amanda Dierring.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Amanda Hawkins.(mother)

(Address) 716 N. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 3, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder Ste Huntington W. Virginia

20. FILED ..., 19... Registrar.

AUG 3 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Septicaemia due to, stab wound of the chest. Homicide. | 7/26/35 |
| Acute Pleurisy, | |
| Acute peritonitis. | over |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? Cedar Hill Road Edmond
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner

7/31/35 (Address) 1017 E. Charles St.

✓ F 14940

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14940

## CERTIFICATE OF DEATH

46B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Joseph Besnoska

(a) Residence: No. 1426 Hanbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria

6. DATE OF BIRTH (month, day, year) 8/8/1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Frank Besnoska.

14. BIRTHPLACE (city or town) (State or country) Hungary.

MOTHER

15. MAIDEN NAME Catherine Yeager.

16. BIRTHPLACE (city or town) (State or country) Hungary.

17. INFORMANT Son.

(Address) 1426 Hanbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 5 19 35

19. UNDERTAKER Margaret A. Thorne

(Address) 1111 Light St. Huntington Williams, Nat.

20. FILED 8 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/12 1935 to 8/1 1935

I last saw him alive on 8/1 1935 Death is said to have occurred on the date stated above, at 7¼ p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 10 ma |
| | |
| | |
| | |

Other contributory causes of importance:

Anteriosclerosis ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

✓ F 14941

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14941

## CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 8 Ward)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Viola W. Stackhouse

(a) Residence: No. 1633 N. Milton Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James J. Stackhouse

6. DATE OF BIRTH (month, day, year) --------

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | --- | ---- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -------- Maryland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT R. Lee Slingluff Jr.
(Address) 733 Title Building

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 8/3 19 35

19. UNDERTAKER Henry H. Mears and Son
(Address) 805 N. Eutaw St.

Huntington Williams, Jr. Registrar.

20. FILED 8-3-1935 19 .....

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 1 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 11 19 35 to August 1 19 35

I last saw h.. alive on August 1 19 35 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Anemia intensis | |
| 2. Hypertension | |
| 3. Chronic nephritis | |
| 4 auricular fibrillation | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Magruder M. D.

(Address)

F 14942

# F 14942 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Winifred Hooper

(a) Residence: No. 343 Frederick Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Hooper

6. DATE OF BIRTH (month, day, year) Dec. 6, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Kirkham

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME W. Kiershaw

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. C. Hooper

(Address) 343 Frederick ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 7 1935

19. UNDERTAKER Herman Lennon

(Address) 461 Pa. Ave.

20. FILED AUG 3 - 1935 19..... Registrar. .....

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Aug 3, 1935.

I last saw her alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 4:45 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Aug 2 |
| Chronic Nephritis | ? |
| Other contributory causes of importance: | |
| Bronchopneumonia | Aug 2 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. K. Layton M. D.

(Address) Mercy Hospital

M. D. H. 1268-9

F 14943 ✓ F 14943

# HEALTH DEPARTMENT—CITY OF BALTIMORE

48

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S Market St., 22 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Brown

(a) Residence: No. 710 S Market St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year) 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0270

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private work

10. Date deceased last worked at this occupation (month and year): Jan 29 1935

11. Total time (years) spent in this occupation: Lifetime

12. BIRTHPLACE (city or town) (State or country): Patuxent Md

FATHER

13. NAME: Minnie Brown

14. BIRTHPLACE (city or town) (State or country): Patuxent Md

MOTHER

15. MAIDEN NAME: Minnie Harrods

16. BIRTHPLACE (city or town) (State or country): Patuxent Md

17. INFORMANT: Mrs Bayne
(Address) 710 S Market St

18. BURIAL, CREMATION, OR REMOVAL
Place Patuxent Md. Date Aug 3 1935

19. UNDERTAKER: Archibald C. Geddes
(Address) 2101 Mc Culloh St

20. FILED Aug 3 1935 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27 1935 to Aug 2 1935

I last saw her alive on Aug 2 1935. Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | June 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Carcinoma

Name of operation None Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. F. Flowers M. D.

(Address) 114 Mary St.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B. 1268-9

F 14944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14944

## CERTIFICATE OF DEATH

46B

Registered No. .....

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Potthast

(a) Residence: No. 622 N. Fulton Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lena Potthast

6. DATE OF BIRTH (month, day, year) Oct 25 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Potthast

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gukeler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Potthast

(Address) 119 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Aug 5" 1935

19. UNDERTAKER Chas. B. Mauk & Son

(Address) 1518 Mt. Royal Ave

Huntington Pittman, Registrar.

20. Filed 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 2 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19 1935 to August 2 1935

I last saw him alive on August 1, 1935 Death is said to have occurred on the date stated above, at 2:12 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1933 |
| Intestinal Obstruction | 7/28/35 |

Other contributory causes of importance:

Cachexia
Secondary anemia

Name of operation Gastroenterostomy Date of 7/26/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Mauk M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓F 14945

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14945

89B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Orem

(a) Residence: No. 911 Ramsay Ave. St., City Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1st 1924

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ... min. |
|---|---|---|---|
| 10 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar (boy)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis E. Orem

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary F. Ebert

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Orem
(Address) 911 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Aug 5th 1935

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED AUG 5 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 1935 to August 2 1935

I last saw him alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute mastoiditis. | 7 days |
| Septicemia | 4 days |

Other contributory causes of importance:

Septicemia

Name of operation Phlebotomy, Simple Mastoidectomy Date of July 30

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlton M. Adams M. D.

(Address) Church Home & Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V-3

M. D. B. 1268-9

✓ F 14946

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14946

347-82a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH SOUTH BALTO GEN. HOSP

CITY OF BALTIMORE: (No. 213 Light St., 7 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME GEORGE DIETRICK

(a) Residence: No. 2632 McELDERY St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Lena Dietrich

6. DATE OF BIRTH (month, day, year) Sept 24th 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as ~~foundry~~, saw mill, bank, etc. Cork & Seal Co

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bupp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Dietrich
(Address) 2632 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/6 1935

19. UNDERTAKER J. M. Cook & Co
(Address) 1214 E. Baltimore St
Hamilton Maryland

20. FILED AUG 3 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from JULY 23 1935 to AUG 2, 1935

I last saw him alive on AUG 1, 1935. Death is said to have occurred on the date stated above, at 10 10 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CEREBRAL HEMORRHAGE | 7/23/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| BRONCHO-PNEUMONIA | 7/23/35 |
| LUES | |
| HEAT PROSTRATION | 7/23/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jonas F. Klines M. D.

(Address) 2623 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

8-3-1935

M. D. B. 1268-9

✓ F 14947

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14947

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aaron Weber

(a) Residence: No. 717 S. Broadway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Etta Weber

6. DATE OF BIRTH (month, day, year) May 12/1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph Weber

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eda Weber
(Address) 717 S Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Date Aug 4, 1935

19. UNDERTAKER Sol Levinson Bros.
(Address) 1127 E Baltimore St Hanover & Pitcairn

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to August 2, 1935

I last saw him alive on August 1, 1935. Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | 1933 |
| Hypertension | 1933 |
| Myocardial insufficiency | 1933 |
| Chronic Nephritis | 1933 |
| | |
| Other contributory causes of importance: | |
| Cardiac dilatation and hypertrophy | 1933 |
| Pulmonary Congestion | 1933 |
| Bronchitis | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

Spec.—1-10-21—M&T—1500 Bks.

14948 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14948

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 6606 Harford Road ST., 27 WARD)

2-FULL NAME Louise W. Glendemann

(a) RESIDENCE NO. 6606 Harford Road ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert C. Glendemann

6 DATE OF BIRTH (month, day, and year) Oct 13, 1876

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or ..min. |
|---|---|---|---|
| 58 | ~~10~~ 9 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

0037

9 BIRTHPLACE (city or town) (State or country) Essen, Germany

PARENTS

10 NAME OF FATHER Ludwig Ludwinke

11 BIRTHPLACE OF FATHER (city or town) Essen (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Essen, Germany.

14 Informant Robert C. Glendemann (Address) 6606 Harford Rd

15 AUG 3 - 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 1, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1935, to aug 1, 1935

that I last saw h[illegible] alive on aug 1, 1935

and that death occurred, on the date stated above, at 5:25 P.M.

The CAUSE OF DEATH* was as follows:

Chronic intestinal obstruction

Uraemic Coma.

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laparotomy

(Signed) Allen C. Bentham, M. D.

8-2, 1935 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem. DATE OF BURIAL 8/4/1935

20 UNDERTAKER L. Fleemans & Son ADDRESS 32 S. Bro[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

M. D. F 1268-9

F 14949 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14949

# CERTIFICATE OF DEATH

X 46F

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Catons ave St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Stiggs

(a) Residence: No. Old Court Rd St., Woodlawn Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill.

10. Date deceased last worked at this occupation (month, day, year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Oregon

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Berryay, Va. Date Aug 4, 1935

19. UNDERTAKER Easton Bros
(Address) Ellicott City, Md.

20. FILED ... 19 ... Registrar.

AUG 4 - 1935 Director of Vital Statistics

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-24- 1935 to 8-2- 1935

I last saw h[illegible] alive on Aug 1 - 1935 Death is said to have occurred on the date stated above, at 8:05 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of pancreas Obstructive jaundice Hepatitis | |

Other contributory causes of Importance:

Senile arteriosclerosis

Name of operation Cholecystostomy Date of July 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Sterns M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. P. 1368-9

Grimes

# F 14950 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14950

## CERTIFICATE OF DEATH

122a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Veteran World's War.

2. FULL NAME Lewis Grimes

(a) Residence: No. 1506 McLean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 39 | 2 | 3 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Railway

10. Date deceased last worked at this occupation (month, day, year) 7/15/35

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

FATHER

13. NAME Richard W. Grimes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Babylon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Geo J. Wettstadt
(Address) 523 North Point Road

18. BURIAL, CREMATION, OR REMOVAL Cem.
Place Meadow Brands Date Aug 6 1935

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED AUG 4 - 1935 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 . 1935 to August 2 . 1935

I last saw him alive on August 2 . 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute myocardial failure | |
| 2. Chronic myocarditis | |
| Other contributory causes of importance: | |
| 1. Obesity. | |
| 2. Umbelical hernia | |

Name of operation hemoplasty Date of 1-30-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Mazzuchelli M. D.

(Address) ...

M. D. P. 268-9

F 14951 ✓ F 14951

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 44c

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Redwood Street, 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wallace

(a) Residence: No. Tracy Landing, Md Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 34 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lillyan U. S. —

MOTHER FATHER

13. NAME John Wallace

14. BIRTHPLACE (city or town) (State or country) U. S. —

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) U. S. —

17. INFORMANT John Wallace Sr.
(Address) Lothian

18. BURIAL, CREMATION, OR REMOVAL
Place Lothian Date Aug 6 1935

19. UNDERTAKER J. B. Johnson
(Address) Annapolis

FILED ... 19... Registrar

AUG 4 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935, to August 2, 1935

I last saw him alive on August 2, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rocky Mountain Spotted Fever | |
| Broncho Pneumonia | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Harry M. Kotzen M. D.

(Address) Provident Hospital

BIRTH CASES OF DEATH to be filled in by the parent giving information. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1[illegible]

F 14852 ✓ F 14952

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 51a

1. PLACE OF DEATH Church Home and Infirmary — Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3/ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. John E Gallott, D.D.

(a) Residence: No. 16, Broadways, St., Ward. Bel Air, Maryland

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mildred N Gallott

6. DATE OF BIRTH (month, day, year) May 15 - 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 2 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Towson Md (State or country)

FATHER

13. NAME Mag. John D Gallott

14. BIRTHPLACE (city or town) Towson Md (State or country)

MOTHER

15. MAIDEN NAME Mary V Trail

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Mrs Mildred Gallott (Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ....., 19....

19. UNDERTAKER Dean & Gates (Address) Bel Air Md

20. FILED ..... 19... [illegible] Registrar

AUG 4 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, 19..... to August 3, 1935

I last saw him alive on August 3, 1935. Death is said to have occurred on the date stated above, at 6.45 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset 7/13/35 (?)

Other contributory causes of importance:

Hypernephroma — Unknown

over

Name of operation Laparotomy — Date of 8/2/35

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so specify .....

(Signed) Carlton N Adams M. D.

(Address) Church Home & Hy.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 14953

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14953

## CERTIFICATE OF DEATH

X 95B

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1100 Caton Ave St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Carroll

(a) Residence: No. 1457 Fairmont St N.W. St., ... Ward. Washington, D.C.,

(Usual place of abode) Wash. D.C. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Carroll

6. DATE OF BIRTH (month, day, year) August 2 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 81 | 11 mo. | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James M. Carroll

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME M. Leahy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jenkins Mem. Hospital

(Address) 1100 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Aug 3 1935

19. UNDERTAKER L. J. Tucker & Sons

(Address) [illegible]

CERTIFIED AUG 4 1935 Washington, D.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1935 to August 3, 1935

I last saw her alive on August 3 1935 Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Essential Hypertension | ? |
| Hypertensive heart disease | 1926 |
| Cerebral Hemorrhage I | 1926 |
| Left Hemiplegia | |
| Hypostatic pneumonia | 7/29/35 |
| Other contributory causes of importance: Generalized arteriosclerosis | ? |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Carl G. Nebel M. D.

(Address) 1100 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

Spec.—D-30—A...

F 14954

F 14954

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3650 Beech Ave St. 13 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Coogrove

(a) RESIDENCE NO. Beech ave 3650 St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1850

7 AGE: Years 85 | Months ~ | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Teacher. 0068
(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools.
(c) Name of employer: Cecil Co. School Board.

9 BIRTHPLACE (city or town) (State or country): Wilmington Del.

PARENTS

10 NAME OF FATHER: Eli Coogrove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cecil Co. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Oxford Pa.

14 Informant (Address): Mrs. Geo. L. Frazier 1422 W. Washington Ave

15 Filed AUG 4 - 1935 by Huntington Nuttall Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 - 1935.

17
I HEREBY CERTIFY, That I attended deceased from July 10th, 1934, to Aug 4 1935
that I last saw h[illegible] alive on Aug 3rd, 1935
and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:
Arteri-sclerosis & chronic nephritis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) very random
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~
Did an operation precede death? No Date of ~
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical

(Signed) Thos Dunlevy M. D.
Aug 4, 1935 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rosary Cem. Perryville, Md. | DATE OF BURIAL: Aug. 6 1935.

20 UNDERTAKER: Vic A Patterson | ADDRESS: Perryville Md.

M. D. B. 1268 F 14955 ✓ F 14955

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

5th 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Harville

(a) Residence: No. 924 Jordan St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Aa | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 29 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ephraim Turner
(Address) 924 Jordan St

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Aug 3 1935

19. UNDERTAKER
(Address)

FILED AUG 4 1935 Washington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1935 to 7-31 1935

I last saw h. alive on 7-31 1935. Death is said to have occurred on the date stated above, at 10½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Bilateral Lobar Pneumonia | 7-25 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Calvin B. McCoppin, M. D.

(Address) Provident Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 14956

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14956

## CERTIFICATE OF DEATH X 159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Baltimore

(a) Residence: No. University Hosp St., Ward. Resident from Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | S |

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 27, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | | | 7 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lawrence Baltimore

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

MOTHER

15. MAIDEN NAME Carrie Jenna

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md

17. INFORMANT —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University Hosp Date July 2 19 35

19. UNDERTAKER

(Address)

20. FILED Aug 4 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935, to July 28, 1935

I last saw him alive on July 28, 1935 Death is said to have occurred on the date stated above, at 5.02 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity - 3 wks | |
| Foetal asphyxia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Maternal - pre-eclamptic toxemia | |
| (Confirmed) | |
| | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? CR Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ...(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E W DuOuy, M. D.

(Address) University Hosp.

M. D. B. 1268-9

F 14957 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14957

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Monkbello Ter. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. Unknown How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Ann Horn

(a) Residence: No. 2825 Monkbello Ter St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Reuben P. Horn

6. DATE OF BIRTH (month, day, year): Mar. 3, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 4 | 30 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——— 0037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Silver Springs Pa.

FATHER

13. NAME: Joseph Riale

14. BIRTHPLACE (city or town) (State or country): Lancaster Co., Pa.

MOTHER

15. MAIDEN NAME: Susanna Musselman

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Daughter) Mrs. Mary Bauer
(Address) 2825 Monkbello Ter.

18. BURIAL, CREMATION OR REMOVAL
Place: Oak Lawn Date: Aug 5th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 4 1935 Washington Wilcox, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1934 to 8-2-1935

I last saw her alive on 8-2 1935 Death is said to have occurred on the date stated above, at 4 25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vasculo-renal disease | Unknown |

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Mo. B. Sylvest, M. D.

(Address) 2807 Harford Ave.

FAILURE TO FILE CERTIFICATE OF DEATH in plain letters, as required by law, is a misdemeanor. OCCUPATION is very important. See instructions on back of certificate.

F 14958 V E 14958

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Joseph Kubilus

(a) Residence: No. 1421 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Married. |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine.

6. DATE OF BIRTH (month, day, year) ? 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Tony

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Barbiey

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Aug 3, 1935

19. UNDERTAKER Chas. B. Rubenstein
(Address) 637 S. Pine St. Balto. Md.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/6, 1935 to 8/2, 1935

I last saw h~~im~~ alive on 8/2, 1935. Death is said to have occurred on the date stated above, at 6 10/a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic alcoholism | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G. Reite M. D.

(Address) Balto City Hosp.

V S 3

STATE CAUSE OF DEATH IN TERMS OF DISEASE AND MODE OF INJURY. STATE WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL. OCCUPATION is very important. See instructions on back of certificate.

M. D. 12

F 14959

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14959

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Laura Lasman

(a) Residence: No. Ellicott City Md. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Lainshoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harriet Resade

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 8-4-35, 19

19. UNDERTAKER Jack Levy Inc

(Address) 1702 E. Baltimore St.

20. FILED 8-5-35 Harrington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Aug 2, 1935

I last saw h.r alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Coronary Thrombosis | |
| Cardiac decompensation | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

V S 3

OCCUPATION is very important. See instructions on back of certificate.

F 14960

(1939 Edmondson Ave)

F 14960

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. FRANKLIN SQUARE Hospital St. 3 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benj. Glickman

(a) Residence: No. 1437 E. Balto. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Glickman

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0052

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Glickman

(Address) 1437 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL Holy Mt Carmel Date 8/4/35 19

19. UNDERTAKER Jack Lewis Boy

(Address) 1439 E. Balto St

Huntington & Williams Registrar

AUG 4 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

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State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 14961

F 14961

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

126

1. PLACE OF DEATH St. Agnes Hospital Registered No. .....

CITY OF BALTIMORE: (No. Wilkens & Caton Ave 20 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Groh

(a) Residence: No. 252 Caton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frank Groh

6. DATE OF BIRTH (month, day, year) Jan. 13, 1865.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Ring

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Groh,

(Address) 252 S. Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug. 5, 19 35

19. UNDERTAKER Harry F. Witzke

(Address) 4101 Edmondson Ave.

20. FILED AUG 4 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-23-1935 to 8-2-1935

I last saw her alive on Aug. 1- 1935 Death is said to have occurred on the date stated above, at 4:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis with obstruction Jaundice Hyp. Tinis | May 1 1935 |
| Other contributory causes of importance: Chronic PD. hepatitis | 1915 7-31-35 |

Name of operation Cholecystotomy Date of 8-2-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Simon Kemp. M. D.

(Address) St. Agnes Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14962 F 14962

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.
If U. S. Veteran specify WAR ____

2. FULL NAME Lawrence Paul Foley

(a) Residence: No. 220 S. Norris st. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Virginia Foley

6. DATE OF BIRTH (month, day, year) Aug. 27, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 45 | 11 | 7 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Aug 6 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED Aug 7 1935 Henrietta Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to Aug. 3 1935
I last saw him alive on Aug. 3 1935 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1930 |

Other contributory causes of importance:

Was an operation performed? ____ Date of ____
For what disease or injury? ____
Name of operation ____ Date of ____
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Arthur Karlain M. D.
(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

F 14963

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 14963 ✓ F 14963 × 121

1. PLACE OF DEATH Mercy Hosp. 4 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., F Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Lloyd Gatten.

(a) Residence: No. Leonardtown Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Thos Mary Gatten

6. DATE OF BIRTH (month, day, year) April 11th 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert L. Gatten

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT George L. Gatten.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mem Sodus Chapel. Date 8/6/35 19

19. UNDERTAKER R. W. G. McKnight
(Address) Leonardtown Md.

20. FILED ..... 19 .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25th 1935 to Aug 4th 1935

I last saw him alive on Aug 3rd 1935 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | 7/25/35 |
| | |
| | |
| Other contributory causes of importance: Septicemia | 7/28/35 |

Was an operation performed? Yes Date of 7/26/35

For what disease or injury? Ruptured appendix abscess.

Name of operation Appendectomy Date of 7/26/35

What test confirmed diagnosis? Surgeon + Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond L. Gatten, M. D.

(Address) Mary Longfield.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14964

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14964

## CERTIFICATE OF DEATH

163

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2921 Fleetwood Ave St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Allen Carpenter

(a) Residence: No. 2921 Fleetwood Ave St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Johanna Carpenter

6. DATE OF BIRTH (month, day, year) July 25 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | | 87 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank H. Carpenter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes McGreevy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Johanna Carpenter
(Address) 2921 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL Woodland Cemetery 8/5 1935

19. UNDERTAKER Leonard H. Cluss
(Address) 1305 Hollins St

20. FILED ..... 19.. ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Potassium Cyanide Poisoning | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury August 2 1935

Where did injury occur? 2921 Fleetwood Ave, Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Potassium Cyanide swallowed

Nature of injury Potassium Cyanide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Ottenberg, M. D.
Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B. 1205-3

F 14965

F 14965

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH 19 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St., 4 D (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Elsie Hall

(a) Residence: No. 1731 Cole St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Hall

6. DATE OF BIRTH (month, day, year) Oct. 10 - 1885

| 7. AGE Years | Months | Days 21 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia Pa.

FATHER

13. NAME Albert Fosselt

14. BIRTHPLACE (city or town) (State or country) Columbia Pa.

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Columbia Pa.

17. INFORMANT Marie Becke

(Address) 1735 Cole St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug 5 . 19 35

19. UNDERTAKER William G. Schaeffer

(Address) 1516 E. Monument St

20. FILED AUG 1 - 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13 . 1935 to July 31 . 1935

I last saw her alive on July 31 . 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Fibro-sarcoma of pelvis — Date of onset 1934

over

Other contributory causes of importance:

intestinal obstruction
Hypostatic Pneumonia

Name of operation Colostomy Date of 7-22-35

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Adams M. D.

(Address) Maternity Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14966 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14966

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 18 ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Sylvanus Trusby

(a) Residence: No. Warton St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-15-33

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Franklin Trusby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Inez Tiller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fountain Md Date Aug 6 1935

19. UNDERTAKER B R Fellows

(Address) Ellicott City Md.

20. FILED AUG 5 - 1935 Huntington Ave. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to Aug 4, 1935

I last saw him alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 12.35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis - pulmonary | about a year ago. |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Evelyn B. Schuld, M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

F 14967 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14967

# CERTIFICATE OF DEATH

107-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Monroe St., 70 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Smith

(a) Residence: No. 14 S. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John Smith

6. DATE OF BIRTH (month, day, year) 12-24-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 78 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Isaac Clagg

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER

15. MAIDEN NAME Margaret Short

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Mrs. Harry Powell

(Address) 1216 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 5, 1935

19. UNDERTAKER J. B. Kibbert & Son

(Address) 1300 Eutaw Place

20. FILED Aug 5 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935 to Aug. 3, 1935

I last saw her alive on Aug. 3, 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance, were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Arteriosclerosis | ? |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Bronchopneumonia | 7/23/35 |
| Pulmonary Edema | 8/2/35 |

Name of operation none Date of —

What test confirmed diagnosis? From Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. —

(Signed) C P Rostling M. D.

(Address) 2623 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.O. 1935 Washington Village

M. D. P. 1268-9

14968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14968

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 92-a

CITY OF BALTIMORE: (No. Wilkens + Caton St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morse Romm

(a) Residence: No. 2nd Ave. + Wilkens, Terrace Arbutus No 2
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 16-1926

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 9 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation. (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Soland Romm

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Fiebel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Sara Romm

(Address) 2nd Ave + Wilkens

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 5 1935

19. UNDERTAKER J. B. Tipperstown

(Address) 2 E Lafayette Ave

FILED AUG 5 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21-1935 to 8-1-1935

I last saw him alive on 8-1-1935. Death is said to have occurred on the date stated above, at 9:50 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease C Mitral Stenosis & Insufficiency | 1934 |
| Other contributory causes of importance: | |
| Congestive Heart Failure | 7-1535 |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. F. Kelly, M. D.

(Address) St. Agnes Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14969 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14969

# CERTIFICATE OF DEATH

98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Elgin Ave Ward 15)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clementine V. Clary

If U. S. Veteran specify WAR ..... 1210

(a) Residence: No. 3401 Elgin ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced (or) WIFE of late Richard H Clary

6. DATE OF BIRTH (month, day, year) Aug 23-1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Samuel A Braston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Farver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Jesse Clary (Address) 24th & Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Aug 5 1935

19. UNDERTAKER Geo. L Beyer Jr (Address) 512 Dolphin St

20. FILED AUG 5 - 1935 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1925, to August 3 1935

I last saw her alive on August 3 1935. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Other contributory causes of importance: Gangrene of foot | June 1935 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George M Little M. D.

(Address) 2435 Maryland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

v s 3

14970 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14970

# CERTIFICATE OF DEATH 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Clifton Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Ward

(a) Residence: No. 1816 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Ward

6. DATE OF BIRTH (month, day, year) Feb. 12 - 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Frank Ellwood

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME — Dawson

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT John B. Ward

(Address) 1816 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 6, 1935

19. UNDERTAKER Joseph Lefler

(Address) 1600 W. Baltimore

FILED AUG 5 - 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3. 1935

I HEREBY CERTIFY, That I attended deceased from Aug 3, 35, 19 to Aug. 3, 1935

I last saw h.er alive on — 19 35 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Uterus | Jan, 35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. S. Fox M. D.

(Address) 2211 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

14971

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14971

## CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 McElderry St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Davis Coleman

(a) Residence: No. 1237 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | widower |

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline Coleman

6. DATE OF BIRTH (month, day, year) 2-22-1886

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 49 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Coleman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Myers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva Bantom
(Address) 1228 McElderry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date Aug 6th 1935

19. UNDERTAKER Mrs. Rosa Elliott Daughter
(Address) 1129 Caroline St.

20. FILED ... 1935 ... Registrar.

AUG 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1935 to 8-1 1935

I last saw him alive on 8-1 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of esophagus | January |

Other contributory causes of importance:

Name of operation gastrotomy Date of January

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Thomas M. D.

(Address) 1500 E. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—8-16-29—L. F. S.—100 Bks.

Mary Mc Quay

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14972

## CERTIFICATE OF DEATH

F 14972

1—PLACE OF DEATH 1137 Harlem Ave

CITY OF BALTIMORE: (No. 1137 ST., 46 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Mc Quay

(a) RESIDENCE NO. (Usual place of abode) 1137 Harlem Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | C. | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4, 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 10 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co. Md

PARENTS

10 NAME OF FATHER James Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md.

12 MAIDEN NAME OF MOTHER Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co Md

14 Informant Annie Clayton

(Address) 1137 Harlem Ave

15 Filed 19 Registrar

AUG 5 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-35

17 I HEREBY CERTIFY, That I attended deceased from 7/24/77, 19, to 8/2/77, 19

that I last saw h[illegible] alive on 8/2/77, 19

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Epilepsy 7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 0 0 7

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? [illegible]

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Bankendale, M. D.

19 (Address) 526 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kent Co Colonial Cem. Md.

DATE OF BURIAL 8/6/1935

20 UNDERTAKER Frances A Hemsley

ADDRESS 578 W Biddle St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

14973-6

F 14973

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

77-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thompson

(a) Residence: No. 1111 Madison St., Ave -Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/12/34

7. AGE: Years 1 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md —

FATHER

13. NAME: John Thompson

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Eloise Hatchison

16. BIRTHPLACE (city or town) (State or country): S. Car.

17. INFORMANT: Records

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem. Date: 8/5/ 35

19. UNDERTAKER: Frances A. Hemeley

(Address) 578 W. Biddle st.

20. FILED: Hamilton Williams, Jr. 1935 Registrar.

AUG 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-35

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935 to Aug 3, 1935.

Last saw alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lead poisoning | about |
| Lead Encephalitis | middle July |

Other contributory causes of importance: none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec.—9-30—A. & Co.—250 Bks.

14974 HEALTH DEPARTMENT—CITY OF BALTIMORE 14974

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.....

CITY OF BALTIMORE: (No 12 St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ariat C. Grinnan

(a) RESIDENCE NO. 2608 (Usual place of abode) Hampden Ave St. ..... Ward ..... (If non-resident give city or town and State)

length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How Long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha B. Grinnan

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1878

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 56 | 8 7 | 4 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer 0023

(b) General nature of industry, business, or establishment in which employed (or employer) City Department

(c) Name of employer City Department

9 BIRTHPLACE (city or town) (State or country) Stafford County Virginia

PARENTS

10 NAME OF FATHER Edward Grinnan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Morrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Bertha B. Grinnan 2608 Hampden Ave

15 Filed 5 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-35

17 I HEREBY CERTIFY, That I attended deceased from 8-1- , 1935, to 8-4 , 1935 that I last saw h[illegible] alive on 8-4 , 1935 and that death occurred, on the date stated above, at 2.00 A. M.

The CAUSE OF DEATH* was as follows:

arterio-sclerotic cardio-vascular disease with myocardial insufficiency

(duration) 0 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) terminal broncho pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? clinical examination

(Signed) George E. Burgess M.D. M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Cemetery — DATE OF BURIAL 8/6 1935

20 UNDERTAKER Howard N. Wright Jr — ADDRESS 1418 N. Gay St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 14975

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14975

## CERTIFICATE OF DEATH

47-a

Registered No. 9-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Raske Av St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 48 yrs. 2 mos. 16 ds.

2. FULL NAME Harry Bask Gwynn NO WAR SERVICE

(a) Residence: No. 1605-E. 29- St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE: Lillian S. Gwynn

6. DATE OF BIRTH (month, day, year): May-18-1887

7. AGE: Years 48 | Months 2 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brokerage house 006

10. Date deceased last worked at this occupation (month and year): April 22/1935

11. Total time (years) spent in this occupation: 12 yrs

12. BIRTHPLACE (city or town) (State or country): Gordonsville Virginia

FATHER

13. NAME: Dr. Henry B. Gwynn

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Mary Scott

16. BIRTHPLACE (city or town) (State or country): Orange Co. Virginia

17. INFORMANT: Mrs L. S. Gwynn - (wife)
(Address) 1605-E-29-St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug-5/35

19. UNDERTAKER: Stewart Memorial Co.
(Address) 108 W North Ave.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 3, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935 to August 3, 1935

I last saw him alive on August 2, 1935 Death is said to have occurred on the date stated above, at 6:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left lung, larynx and liver. | 1935. |

over

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert G. Singewald M. D.

(Address) 613 E. Fayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

F 14976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14976

## CERTIFICATE OF DEATH

111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4416 Roland Av. Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 80 yrs. 0 mos. 0 ds.

2. FULL NAME Gebhard Leinbach

Civil War. Veterans adm XC-2-578445

(a) Residence: No. 4416 Roland Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adeline A Leinbach

6. DATE OF BIRTH (month, day, year) Oct 3 1845

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 89 | 10 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ??

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired ??

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Leinbach ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria — ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Leinbach (Son)

(Address) 621 Pinehurst Road

18. BURIAL, CREMATION, OR REMOVAL

Place Dallis Emly Date Aug 5 19 35

19. UNDERTAKER Elizabeth Moore Co.

(Address) 108 W Franklin

20. FILED ... 19... Registrar.

AUG 5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Aug 3 1935

last saw h... alive on Aug 3 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | Aug 1935 |
| Senility & Age | |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) R. L. Key M. D.

(Address) Wentworth Apts

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14977

30215 | HEALTH DEPARTMENT—CITY OF BALTIMORE 14977

# CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Phillips

(a) Residence: No. 1808 E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma

6. DATE OF BIRTH (month, day, year): 10-26-01

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 33 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Harry Phillips

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lannie Tynes

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 8 1935

19. UNDERTAKER: Robert E. Williams

(Address) 1515 McElderry St

20. FILED AUG 5 1935 By ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to Aug 4, 1935

I last saw him alive on Aug 4, 1935 Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pt. had ruptured appendix | |
| Peritonitis ? | |
| Pneumonia ? ? ? | |

Other contributory causes of importance:

P. O. distension

Name of operation appendectomy & drainage Date of 7-26-35

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

14978 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14978

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Harford Road, 27 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

2. FULL NAME Paul Richard Buchwald

If U. S. Veteran specify WAR No

(a) Residence: No. 4603 Harford Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Emelie Buchwald

6. DATE OF BIRTH (month, day, year) May 27 - 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Hotel Dep

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Dresden Germany

FATHER

13. NAME Fritz S. Buchwald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Paul R. Buchwald, Jr

(Address) 4603 Harford Road

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place London Park Date Aug 5 1935

19. UNDERTAKER Mr J. Fickrey & Sons

(Address) North Ave

20. Filed ..... 19 ..... Registrar.

AUG 5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19 1935 to Aug 3 1935

I last saw him alive on Aug 3 1935 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | several years |
| Other contributory causes of importance: Cardiac Decompensation | June 19 1935 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Morris B. Grey, M. D.

(Address) 5543 Harford Rd Baltimore Md

Information should be carefully supplied. AGE should be given in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 14979

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14979

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2722 Silver Hill ave St., 28-2 Ward)

Length of residence in city or town where death occurred about 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berlin Alton Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2722 Silver Hill ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fran Mae E. Smith

6. DATE OF BIRTH (month, day, year) July 29 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 67 | 68 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dracon Mass.

FATHER

13. NAME Albert H. Smith

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Frances K. Wilson

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT L. E. Smith Brother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 6, 1935

19. UNDERTAKER Wm. J. Tuckerman Sons

(Address) North Ave.

20. FILED Aug 5 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

Decompensation Hypertrophy

Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 12 E. Hamilton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 5 1935

242

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14980 F 14980

## CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 6-6-B Registered No.

CITY OF BALTIMORE: (No. Redwood & Greene Sts. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Lucas

(a) Residence: No. 516 St Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Lettie Lucas

(Address) 516 St. Mary St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date Aug 5 1935

19. UNDERTAKER Walter B. Parker

(Address) 1329 W. Baltimore St.

20. FILED AUG 5 - 1935 19 Thurston Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31. 1935 to August 2 1935

I last saw him alive on Aug 2 1935. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thyrotoxicosis | |
| Hypertension Cardiovascular Disease | |
| Auricular Fibrillation | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry M Rahmond M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

14981 F 14981

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1132 Clarkson ST. 73 WARD)

2-FULL NAME Fred Lasler

(a) RESIDENCE NO. 1132 Clarkson ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mes. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | wh | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 30 1905

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0040

(b) General nature of industry, business, or establishment in which employed (or employer) Commission Merchants

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) William Morgan 1132 Clarkson St

15 Filed AUG 5 1935, 19.. Registrar Huntington Wills

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2/35

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 19 35, to Aug 2, 19 35

that I last saw h alive on Aug 2, 19 35

and that death occurred, on the date stated above, at 6.20 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual signs

(Signed) D H Caswell M. D.

8/5, 19 35 (Address) 109 W Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson County — DATE OF BURIAL Aug. 8 19 35

UNDERTAKER Walter B. Rugg — ADDRESS 139 W Hamby St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should have CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

14982

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Midlan

F 14982

## CERTIFICATE OF DEATH

X 157-II

Registered No.

1. PLACE OF DEATH Jon Keens Hospital

CITY OF BALTIMORE: (No. Fayette St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Jon Nielan

(a) Residence: No. Born at Jon Keens Hospital St., Ward Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 8-2-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Born at Jon Keens Hosp. Balto. Md.

FATHER

13. NAME Abram Nielan

14. BIRTHPLACE (city or town) (State or country) Newyork city

MOTHER

15. MAIDEN NAME Ruth Nielan

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT (Address) Father 625 Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 8/6 1935

19. UNDERTAKER (Address) Geo A Stanley Undertaker 1 Fayette St Hunting Ton Wm Davis, Md

20. FILED ... Registrar. 8/6/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2-1935 to 8-4-1935

I last saw him alive on 8-4-1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonitis | |
| Perforation of trans. Colon | |

Other contributory causes of Importance: Intestinal Obstruction

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel A. Shanahan M. D.

(Address) Jon Keens Hospital

Information should be carefully supplied. All items should be filled in. Exact statement of cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

14983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14983

## CERTIFICATE OF DEATH

98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 E Chase St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nannie Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. 1838 E. Chase St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Brooks

6. DATE OF BIRTH (month, day, year) March 7, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annarundel Co Md

FATHER

13. NAME James Tyler

14. BIRTHPLACE (city or town) (State or country) Annarundel Co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) James W. Tyler Sen 1838 E Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Aug 5 35

19. UNDERTAKER (Address) Mrs Chas J. Bailey 1420 Jefferson St.

20. FILED AUG 5 - 1935 Huntington Wilson, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Aug 2, 1935

I last saw her alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene foot (left) | July 1935 |
| Other contributory causes of importance: Arteriosclerosis of lower Peds with complete cutting down of Circulation | June 1935 |

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? physical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Young M. D.

(Address) 1429 E Monument St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s. 3

M. D. R. 1268-2

F 14984

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14984

## CERTIFICATE OF DEATH

2-10-9 (On arrival)

1. PLACE OF DEATH Baltimore City Hospital (Med on arrival) 26-9 Registered No.

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Constance Leone

(a) Residence: No. 719 S. Eaton St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 5-1932

7. AGE — Years: 2 | Months: 11 | Days: 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Leone

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Eugenia Beck

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: John Leone

(Address) 719 S Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Cem Date: Aug 6th 1932

19. UNDERTAKER: John Merrick

(Address) 2008 Aliceanna St

20. FILED AUG 6 1932, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at 330 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Crushed Chest probable fract skull | |

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury: 8/2, 1932

Where did injury occur? 700 Block S. Eaton St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Highway

Manner of injury:

Nature of injury: Run over push & Truck

24. Was there any injury in any way related to occupation of deceased?

If so, specify.

(Signed) Hubert Bullen Jute, M. D. Coroner

(Address) 5342 Park Hts.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

# F 14985 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

154 F 14985

1. PLACE OF DEATH South Baltimore Gen. Hospital Registered No.

CITY OF BALTIMORE: (No. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Virginia Carneal (Elizabeth Virginia Carneal)

(a) Residence: No. 1946 Maisel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 3, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| - | - | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Cleavend Louis Carneal

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary M. Maloney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Bertha E. Wiederman

(Address) 1946 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date August 5, 1935

19. UNDERTAKER Robert H. Cook

(Address) 1003 W. Baltimore St.

20. FILED AUG 5 1935 By [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1935, to August 4, 1935

I last saw her alive on August 4, 1935 Death is said to have occurred on the date stated above, at 6.46 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) South Balto. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 2

Spec.—0-30—A. & Co.—250 Bks.

14986

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14986

## CERTIFICATE OF DEATH.

121

1 PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No Franklin Sq. Hosp. ST. Balto. WARD) Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederich Schmidt.

(a) RESIDENCE NO. General German Aged Home ST. Balto - Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5, 1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 72 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 074

(b) General nature of Industry, business, or establishment in which employed (or employer) Long Shoreman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Justus H. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records German Aged Home
(Address) Baltimore & Payson Stsl

15 Filed ..., 19... Registrar

AUG 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 '35

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1935, to Aug 3, 1935

that I last saw him alive on Aug 3, 1935

and that death occurred, on the date stated above, at 9:20 p. m.

The CAUSE OF DEATH* was as follows:

acute Appendicitis (Perforated)
Generalized Peritonitis.

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic C-V Disease

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? no.

Did an operation precede death? yes Date of July 29 '35

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Operative

(Signed) D. D. Caples M. D.

8/3. 1935 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Cemetery

DATE OF BURIAL Aug. 6 1935

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

14987 F 14987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

81

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Poplar Grove St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Jarboe,

If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 Poplar Grove St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Jarboe,

6. DATE OF BIRTH (month, day, year) August 29, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 49 | 50 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John B. Carroll,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie E. Angerman,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John A Jarboe

(Address) 1809 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL AUG 6 1935

Place Loudon Park Date ..... 19

19. UNDERTAKER Robert S Sittle

(Address) 2700 Edmondson Ave.

AUG 5 - 1935 Huntington West Virginia

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1935 to Aug 3, 1935

I last saw her alive on Aug 3 1935 Death is said to have occurred on the date stated above, at 11 06 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| amyotrophic lateral sclerosis | 1933, |
| | |
| | |
| Other contributory causes of importance: | |
| heat exhaustion | 8/2/35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H Kemp M. D.

(Address) 3630 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

14988

# HEALTH DEPARTMENT—CITY OF BALTIMORE

14988

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Coop

If U. S. Veteran specify WAR

(a) Residence: No. 301 S. Norris St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. A. Coop

6. DATE OF BIRTH (month, day, year) April 14 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME John Newman

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thos. A. Coop

(Address) 301 Norris St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 8/6/35 19

19. UNDERTAKER Rev. Chas. A. G. Woll

(Address) 2327 Edmondson

20. FILED AUG 7 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Diabetes Mel.

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? C Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) V. P. Wright, M. D.

Coroner

(Address) 1015 S. Edmondson Ave.

Spec—12-23-21—E.P.F.S.—400 Bks.

F 14989 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14989

## CERTIFICATE OF DEATH.

82-a

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 311 E Lake ave 7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Amanda L Mathaney

(a) Residence No. 311 E Lake ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Wm.F.Mathaney

6-DATE OF BIRTH (month, day and year) Dec.13.1858

7-AGE: 76 yrs. 7 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: George Melvin

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md.

12-MAIDEN NAME OF MOTHER: Mary Porter

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md.

11- (Informant) Anna G.Roberts

(Address) 311 E.Lake Ave.

13- Filed 19 Registrar

AUG 5 1935

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Aug 3.35

17- I HEREBY CERTIFY, That I attended deceased from Aug 1- 1935 to Aug 3 1935

that I last saw h[illegible] alive on Aug 1 1935

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Complete Paralysis

Arteriosclerosis

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of Heart

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Marion L. Shook M. D.

Aug 3 1935 (Address) 806 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

| 19-PLACE OF BURIAL, CREMATION OR REMOVAL. | DATE OF BURIAL. |
|---|---|
| Loudon Park | Aug 5 1935 |
| 20-UNDERTAKER. | ADDRESS |
| Chas C. Mitchell Sons | 1900 Eutaw Place |

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS REQUIRED should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

# F 14990 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14990

## CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital Registered No. 137
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 23 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henry Zeller

(a) Residence: No. 1404 Clarkson St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 8, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John G. Zeller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Shuckels

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul Zeller

(Address) 1404 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 6th 1935

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patterson Park Ave

20. FILED ..... 19— ..... Registrar.

AUG 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1935 to 8-3 1935

I last saw him alive on 8-3 1935. Death is said to have occurred on the date stated above, at 2:40 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Following operation for prostatic hypertrophy

Name of operation Prostatectomy Date of 8-2-35

What test confirmed diagnosis? N. P. N. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis N. Taylor, M. D.

(Address) So Balto Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1269-9

David Bunthop

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14991

## CERTIFICATE OF DEATH

F 14991

210-M

1. PLACE OF DEATH: Provident Hospital — CITY OF BALTIMORE: (No. ..... St. 17 Ward) — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: David Bunthop

(a) Residence: No. 211 N. 22d St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Sept 10 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 34 | 10 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town): Hendersonville N. Carolina

FATHER
13. NAME: David Bunthop
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Rebecca Bryant
16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Bryant Jones
(Address) 1133 Druid Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Aug 5, 1935

19. UNDERTAKER: Joseph A. Lively
(Address) 409 N. Mount Street

20. FILED ..... 19..... Registrar.

AUG 5 1935

Washington Witherspoon

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Tbc of Kidney | |
| Pneumonia | |

Other contributory causes of importance:

Name of operation: None — Date of: —
What test confirmed diagnosis: Clin — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 8/3, 1935
Where did injury occur? Block East of 22 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Street
Means of injury: Struck by car while crossing
Nature of injury: Abrasions

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

Isabel Hundley (Signed) ..... M. D.
Coroner
(Address) 5142 Park Heights

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 14992

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14992

121

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph M. Schaefer

(a) Residence: No. 2520 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph M. Schaefer

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Katherine Gruber

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mr. Joseph M. Schaefer

(Address) 2520 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Aug 6 1933

19. UNDERTAKER Henry Heath Sons, Inc.

(Address) 1301 E Eager St

20. FILED ... 1933 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to August 4 1933

I last saw him alive on August 4, 1933 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Peritonitis | |
| 3. Lob. diaphragmatic abscess | |

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-26-33

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Wagenseller M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH INK. ANSWER EVERY QUESTION. If any question does not apply, write "None." Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

AUG 5 - 1933

M. D. P. 1268-9

F 14993

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14993

145-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy Jefferson

(a) Residence: No. 1036 N. Mount St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1921

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 14 | 3 | 14 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Valley Georgia

FATHER

13. NAME Milton Jefferson

14. BIRTHPLACE (city or town) (State or country) Fort Valley Georgia

MOTHER

15. MAIDEN NAME Ola Smith

16. BIRTHPLACE (city or town) (State or country) Union Springs Alabama

17. INFORMANT Mrs Ola Jefferson

(Address) 1036 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Fund Date 8-7 19 35

19. UNDERTAKER Jas. Lee Skinner

(Address) 1333 E. Fredrick

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5/35 19

22. I HEREBY CERTIFY, That I attended deceased from 7-26 19 35 to 8-3 19 35

I last saw h alive on 8-3 19 35 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal infection | 7-29-35 |
| Generalized peritonitis | 7-29-35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Term pregnancy | 7-26-35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Mary Lavinia Nevens M. D.

(Address) Baltimore City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 9

AUG 1935

M. D. R. 1265-6

F 14994 Bachman ✓ F 14994

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH +34B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FREDERICK. BACHMAN.

(a) Residence: No. [redacted] PATAPSCO Linthicum Heights R.D. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE. | WHITE. | MARRIED. |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ida T. Bachman

6. DATE OF BIRTH (month, day, year) Sept 19. 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0011

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

FATHER

13. NAME George Bachman

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Catherine Weisner

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Ida T. Bachman

(Address) Linthicum Heights

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Aug 6, 1935

19. UNDERTAKER E. Leroy Stifler, Inc.

(Address) 125 E. North ave

20. FILED . 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21 . 1935 to 8-4 . 1935

I last saw h/m alive on 8-4 . 1935. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ANUERYSM DESENDING. | |
| ARCH OF AORTA. | 2 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| MULTIPLE EMBOLI | 2 W/W |
| | |
| | |
| | |

Name of operation AMPUTATION LEFT LEG. Date of 7-10

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify.

(Signed) Paul Schenfeld, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs. 3

AUG 5 1935

M. D. B. 1268-9

F 14995

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14995

## CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Monte Snyder

(a) Residence: No. 17 N. Broadway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Married~~ Thelma Cutlerman

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Mt Carmel Date 8/5/35 19

19. UNDERTAKER Levi Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935 to Aug 4, 1935

I last saw h.i.m alive on Aug 1, 1935 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Polycystic Kidneys | Birth |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Wm Mendelsohn M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 14996 ✓ F 14996

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. N Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. World.

2. FULL NAME Walter Nord.

(a) Residence: No. 3204 E. Baltimore St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ~~married~~ Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Stella

6. DATE OF BIRTH (month, day, year) July 6, 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile mech Inc 0.86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Camp Hebird

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME (Mary) Annie Anderson

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Kisco N.Y. Date Aug 8- 1935

19. UNDERTAKER Wm H. Valentine
(Address) 2326 Aisquith St.

20. FILED ..... 19 ..... Registrar.

AUG 5 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935 to Aug 4, 1935

I last saw him alive on Aug 4, 1935 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute and Chronic Alcoholism | Unknown |
| Delirium tremens | Unknown |
| Other contributory causes of importance: Acute Cardiac failure | 8-4-35 |

Was an operation performed? no. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY. All the questions must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268

F 14997 Kahmer ✓ F 14997

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No. 98

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Louise B. Kahmer

(a) Residence: No. 601 Bellevue Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip F. Kahmer

6. DATE OF BIRTH (month, day, year) Aug 22 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Steiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lindemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ruth E. Spielman

(Address) 601 Bellevue Road Rd Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Date Aug 6 1935

19. UNDERTAKER John F. Wenzel

(Address) 2111 Pinkney

20. FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935 to August 3 1936

I last saw h.. alive on August 3, 1935 Death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 7/1/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis - Gangrene | |
| Right foot | |
| | |

Name of operation Amputation Date of 7/25

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Durke, M. D.

(Address) South Balto Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

AUG 7 1935

M. D. B. 1268-3

F 14998

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14998

## CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Houston B. Hall. Jr.

(a) Residence: No. 1224 William St. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 12, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 8 | 23 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Houston B. Hall. Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Edna E. Gibson.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Houston B. Hall Sr. (father)

(Address) 1224 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross and Date Aug 5, 1935

19. UNDERTAKER John T. Dorsey

(Address) 716 E. Fayette St.

20. FILED ..... by ..... Registrar.

AUG 5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infected Diarrhoea. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Steinhard M. D. Coroner

8/5/35 (Address) 1017 E. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

F 14999 ✓ F 14999

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 E. Biddle St. St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Kilmurray

(a) Residence: No. 917 E. Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Typewriters should be used. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Kilmurray

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 88. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Hugh Kilmurray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas Kilmurray Jr.

(Address) 917 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

St. Joseph's, Texas, md. Date Aug 6, 1935

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Chestnut Ave

20. FILED [illegible] 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to Aug. 4, 1935

I last saw him alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Aug 3/35 |
| | |
| | |

Other contributory causes of importance:

Arterio Sclerosis.
Senility

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilmer C. Ensor. M. D.

(Address) Cockeysville Md.

F 15000 ✓ F 15000

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sisters Sanatorium

CITY OF BALTIMORE: (No. 600 S. Chapelgate Lane, 13 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marion S. Robinson.

(a) Residence: No. 837 W 34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Robinson.

6. DATE OF BIRTH (month, day, year) Nov 27, 1862 Unknown.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 9 | 8 | 6 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William H. Hyple

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Nancy A. Saylor.

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT William A. Hyple

(Address) Mechanicsburg, Pa.

18. ~~BURIAL~~, CREMATION, OR REMOVAL London Park. Date Aug 6. 1935

19. UNDERTAKER Chronister & Sons

(Address) 3615-17 Chestnut Ave

20. FILED AUG 5 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to August 3, 1935

I last saw h[illegible] alive on Aug 3, 1935. Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |

Other contributory causes of importance: Chronic interstitial nephritis Arteriosclerosis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wilhelmine Fort M. D.

(Address) 202 E. Preston St—

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F15001 ✓ F 15001

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 1159

CITY OF BALTIMORE: (No. ..... St., ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Rice

(a) Residence: No. 2115 Hollins St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Aug 2, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herbert Lewis Rice

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Margaret Ethel Krapfe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret E. Rice
(Address) 2115 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place U. M. Med School Date Aug 5 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to Aug 2, 1935

I last saw h— alive on Aug 2, 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | Aug 2 |
| Pneumonia aspiration | " " |
| Congenital atelectasis | " " |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Maryland Newman, M. D.

(Address) Baltimore City Hosp—

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 1935

1627

F 15002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15002

## CERTIFICATE OF DEATH

348-931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp · St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 840 Harlem Ave - Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Male | Colored | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz.

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Benson Moore.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Aug 5 1935

19. UNDERTAKER .....

(Address)

20. FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/20 . 1935 to 7/28 . 1935

I last saw him alive on 7/26 . 1935 Death is said to have occurred on the date stated above, at 3¼ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | ? |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | over |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reuter M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 6 1935

M. D. F. 126 F 15003

F 15003

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

71-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S Paca St., 7W Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida S Cadden

(a) Residence: No. 624 S Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married~~, widowed, or ~~divorced~~ of ~~HUSBAND~~ (or) WIFE of John P Cadden

6. DATE OF BIRTH (month, day, year) Feb 16 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 5 | 19. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME William Turner

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emma Carron

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Sarah P Phillips

(Address) 624 S Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem Date 8/7 1935

19. UNDERTAKER Jos Deverett Son

(Address) Ft Wm Jacobus 2178 Pac St.

20. FILED ____ 19__ Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to Aug 4 1935

I last saw h alive on Aug 4 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anaemia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypostatic Pneumonia | Aug 1 |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas L Hooker M. D.

(Address) 1127 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 15004

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15004

## CERTIFICATE OF DEATH

145-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Grayson.

(a) Residence: No. 1403 W. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | colored | married |

3a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Raymond Grayson.

6. DATE OF BIRTH (month, day, year) Oct. 20, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 18 | 18 | 8 9 | 13 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7/20/35

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Chase

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eva Chase

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Raymond Grayson

(Address) 1403 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Longgreen Cem. Balto Co. Date 8/6/ 1935

19. UNDERTAKER Frances A. Fenhagen

(Address) 522 W. Biddle St.

20. FILED AUG 6 - 1935 Thurston Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to Aug. 2, 1935.

I last saw her alive on Aug. 2, 1935. Death is said to have occurred on the date stated above, at 11.55 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal infection | |
| Streptococcus hemolyticus | |
| bacteremia. | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Bl. culture. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mary Jeanine Nuernberger M. D.

(Address) Baltimore City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

15005

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15005

## CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton ave 16 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett Graves

(a) Residence: No. 822 N. Carrollton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lewis Murray

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Harriett ?

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Women's Mens Age Home
(Address) 822 N. Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 8-6 1935

19. UNDERTAKER Francis A Hemsley
(Address) 578 W Biddle St

20. FILED ... 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935 to Aug 4 1935

Last saw h alive on Aug 4 1935. Death is said to have occurred on the date stated above, at 11½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | ? |
| Arteriosclerosis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edw. Dorsey Kelley M. D.

(Address) 1230 Hundertfield Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

AUG 1935

M. D. F 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15006

## CERTIFICATE OF DEATH

216-MF 15006

1. PLACE OF DEATH: Provident Hospital 15 Registered No.

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Priscilla Green

(a) Residence: No. 1566 Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr F Green Deceased

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 60+? Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Easton Md

FATHER

13. NAME: Thomas Baldwin

14. BIRTHPLACE (City or town) (State or country): Easton Md

MOTHER

15. MAIDEN NAME: Annie ?

16. BIRTHPLACE (City or town) (State or country): Easton Md

17. INFORMANT: Adeline Jackson (Address) 2352 N Carey St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 8-7 1933

19. UNDERTAKER: Francis A Stanley (Address) 578 N Biddle St

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.04 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Accident Date of Injury Aug 30 1933

Where did injury occur? Between Bloom & Preston (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walking across street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signature) Luther Gurley Leavitt M. D.

Coroner

Address 1142 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. B 1268-9

15007 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15007

Gleeves ✓

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Shields alley, 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph W. Gleeves

If U. S. Veteran specify WAR .....

(a) Residence: No. 1525 Shields St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 25 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Perry W. Gleeves

14. BIRTHPLACE (city or town) (State or country) Centreville Md

MOTHER

15. MAIDEN NAME Amelia Jameson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John D. Hill.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8-7 1933

19. UNDERTAKER Francis Kenney

(Address) 1328 N. Bedall St

20. FILED AUG 9 1933 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above found dead 6-7a

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Hann Coroner, M. D.

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15008 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15008

# CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Upton St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Ewing

(a) Residence: No. 1329 Upton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Gassaway

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Lenhow

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Carrie E Saunders

(Address) 1329 Upton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8-7 1935

19. UNDERTAKER Frances A Hensley

(Address) 528 W. Biddle St

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16 1935 to Aug 4 1935

I last saw h... alive on Aug 3 1935. Death is said to have occurred on the date stated above, at 3:08 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | Aug 1934 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) D Wallace Frey M. D.

(Address) 1928 Penna Ave

15009

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a F 15009

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E. Fort Ave. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. da.

2. FULL NAME Lena Rhinehart

If U. S. Veteran specify WAR

(a) Residence: No. 409 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry G. Rhinehart

6. DATE OF BIRTH (month, day, year) Aug. 22, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 11 | 13 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Asum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Prost

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry G. Rhinehart

(Address) 409 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 7 1935

19. UNDERTAKER George W. Zilkey

(Address) 1782 E. Eager St

20. FILED 1935 Huntington Wilson Registrar

Lee

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to Aug 4 1935

I last saw h alive on Aug 3 1935. Death is said to have occurred on the date stated above, at 4-30pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/20/35 |
| | 8/2/35 |

Other contributory causes of importance:

Arterio sclerosis 07

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state (Signed) John DeVeto M. D.

(Address) 936 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 52

Krug ✓ F 15010

15010

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 1 Ward)

Length of residence in city or town where death occurred 5 Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Krug Krug

If U. S. Veteran specify WAR

(a) Residence: No. 1112 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Krug

6. DATE OF BIRTH (month, day, year) Mar. 28, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 4 | 6 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked in yarn this factory.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory. 608

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Krug

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Selma Krug
(Address) 1112 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 6, 1935

19. UNDERTAKER George W. Zitker
(Address) 1227 E Fayette St

AUG 6 - 1935

Embalmer. Filed

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 — 3 —, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8 — 1 —, 1935 to 8 — 3 —, 1935

I last saw him alive on 8 — 2 —, 1935 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 7-27-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Pneumonia | 8-2-35 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Blood analysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Theodore A. Schwartz, M. D.

(Address) 10 Mercy Hospital

N. B.—WRITE PLAINLY, WITH INDIA INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

35 F 15011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

35 F 15011

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [redacted] St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sarbacher,

(a) Residence: No. 2312 Ilmich Park St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) ~~WIFE~~ of Fannie Sarbacher

6. DATE OF BIRTH (month, day, year): 1/22/60

7. AGE: Years 75 — Months 6 — Days 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Ruler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Printing

10. Date deceased last worked at this occupation (month, year): 1930

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Balto. Md —

FATHER

13. NAME: Conrad Sarbacher

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Hemfling

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Reeds —

(Address) [redacted]

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Aug 7th, 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935 to Aug 4, 1935

(Last saw h[illegible] alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 8-2-35 |
| Other contributory causes of importance: Arterio sclerosis, Hypertension hypertensive heart disease. | 1931 |

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. M. Rossman M. D.

(Address) The Johns Hopkins Hospital

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

B 15012 HEALTH DEPARTMENT—CITY OF BALTIMORE 15012

# CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Grove

If U. S. Veteran specify WAR

(a) Residence: No. 1245 E Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lawrence Grove

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Emmerling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 7th 1935

19. UNDERTAKER Wm Cook

(Address) 217 E Read St

Huntington Williams, Reg.

Registrar

20. FILED AUG 6 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/16, 1935, to 8/5, 1935

I last saw her alive on Aug 5th, 1935. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypochromic Anemia | ? |
| Chronic Myocarditis | ? |
| Broncho-pneumonia | 7/31/35 |
| Chronic arthritis | |
| Other contributory causes of importance: | |
| Displacement (both hips) | 1933 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dan'l O'Robertson, M. D.

(Address) Mercy Hosp

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Veney.

F 15013

F 15013

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Loyd Veney — If U. S. Veteran specify WAR no

(a) Residence: No. 1406 N. Dallas St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nutie Veney

6. DATE OF BIRTH (month, day, year) 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Veney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Nutie Veney (Address) 1406 Dallas Ave

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date Aug 6 19 35

19. UNDERTAKER Edw Boyle (Address) 1601 Orleans st

20. FILED ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon, and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-31 1935

Where did injury occur? Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Eastern Ave W of Eastern Run Hill

Manner injured Struck while walking on Road

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signature Wilbur Gilbert Latrobe M. D.
Coroner

Address 5148 Park Heights

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 1935 Huntington Williams Inc

F.D. 15014 ✓ F 15014

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Goldie Bernstein

(a) Residence: No. 1121 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Harry

6. DATE OF BIRTH (month, day, year): July 15 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Nathan Bernstein

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Rachel —

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Albert Bernstein

(Address) 1123 E Balto st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date Aug 7, 1935

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED AUG 5 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 8-5, 1935

I last saw h[illegible] alive on 8-4, 1935. Death is said to have occurred on the date stated above, at 1205 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxemia | F-?-35 |
| Congestion of Left Lung | 6-35 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Amputation Left Leg | |
| | |

Name of operation Amputation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Norman Kopel M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# F 15015 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15015

## CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hillary Ball

(a) Residence: No. 1100 Carey St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Ball

6. DATE OF BIRTH (month, day, year) 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 29 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME H. Ball

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Beatrice Ball

(Address) 1100 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Irvington Cem Va Date Aug 6 35 19

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St

20. FILED AUG 6 - 1935 Irvington Williams Asst Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Inquest, Autopsy or Inquiry) from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stab wound of neck - lung & Carotid artery | |
| Stab wound 1st intercostal space 7-8 right & of liver & lobe | 4/35 |
| Other contributory causes of importance: | |

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Aug 4 1935

Where did injury occur? Rear Carey & Lanvale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Knife wound -

Nature of injury Stab wounds

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. J. Allen Coroner M. D.

(Address) 507 Aisquith St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 15016

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15016

+ 93-C

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Olive Seward

If U. S. Veteran specify WAR .....

(a) Residence: No. Franklin & Ingelside Ave. St., ..... Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Edward Seward

6. DATE OF BIRTH (month, day, year) July 3rd 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME C ? Davidson,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ernest Seward

(Address) Franklin & Ingelside Ave.

18. BURIAL, CREMATION, OR REMOVAL Interment in this

Place Evergreen Cemetery Date Aug 6 1935

19. UNDERTAKER Ephraim H. Coughlin

(Address) 924 E Eager St

20. FILED AUG 6 - 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3rd. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above, 12.55 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pulmonary Oedema | |
| Chronic Myocarditis. | |

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15017 ✓ F 15017

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1329 Valley St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida M. Kehoe — If U. S. Veteran specify WAR ...

(a) Residence: No. 1329 Valley St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Nov. 26 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Patrick Kehoe

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Noonan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm J. Kehoe

(Address) 1329 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cemetery Date: Aug 7, 1935

19. UNDERTAKER: Edwin W. Conklin

(Address) 924 Eager St

20. FILED AUG 6 - 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to Aug 4, 1935

I last saw her alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis (far advanced) | Don't Know |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ✓ Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank J. Geraghty, M. D.

(Address) 3047 St. Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 15018

✓ F 15018

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1234 Carroll St., 21 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry R. G. Simon

(a) Residence: No. 1234 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

No Wars.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Ida E. Simon

6. DATE OF BIRTH (month, day, year): Nov. 6. 1858

| 7. AGE | Years | Months | Days 29 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: John C. Knibb Co

10. Date deceased last worked at this occupation (month and year): Apr. 1926

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Carl Simon

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Augustine Lentz

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Walter G. Simon

(Address) 320 Lyndhurst.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 7 1935

19. UNDERTAKER: Mr Mrs. John H. Pimpel & Son

(Address) 501 W. Fayette St

20. RECEIVED 19 AUG 6 - 1935 Fun Williamsport, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to Aug 4 1935

I last saw h[illegible] alive on Aug 4 1935 Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial asthma | 7/25 |
| | 35 |

Other contributory causes of importance:

Cardiac failure

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of Injury ~

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ignatz Dill M. D.

(Address) 1433 W Lombard St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V63

M. D. B 1268-9

F 15019

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-aF 15019

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William John Corran

If U. S. Veteran specify WAR

(a) Residence: No. 42 S. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Corran (nee McKenna)

6. DATE OF BIRTH (month, day, year) Nov 29 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Regatta Mfg. Co. Eutaw & Lombard Sts.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Corran

14. BIRTHPLACE (city or town) (State or country) Unknown Ireland

MOTHER

15. MAIDEN NAME Margaret Clary

16. BIRTHPLACE (city or town) (State or country) unknown Ireland

17. INFORMANT Edward Corran

(Address) 42 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date 8/8/35 19

19. UNDERTAKER John J. Corran & Son

(Address) 901 Stollenwerck Ave

20. FILED AUG 6 - 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypostatic pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Contusion & laceration

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? Eutaw & Lombard Sts Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry (Regatta Mfg. Co.)

Fell over boxes in course of duty

Contusion left elbow left hip & l.

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Wright Coroner, M. D.

(Address) 1015 S. Ellwood Ave.

M. D. B 1268-9

15020

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

167 F 15020

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5900 Buckingham Rd 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilberta D. Holt

(a) Residence: No. 5900 Buckingham Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha R. Holt

6. DATE OF BIRTH (month, day, year) Nov 17, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing Agent Wholesale Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas M. Holt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Arbelon C. Eyler

16. BIRTHPLACE (city or town) (State or country) Thurmont Md

17. INFORMANT Bertha R. Holt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place United Brethren Cem Date Aug 6 19 35
Thurmont Md

19. UNDERTAKER Albert W. Berry
(Address) 440 E. North Ave

20. FILED AUG 6 - 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pistol shot wound in head | |
| Left Parietal | |
| Mentally deranged | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 4 1935

Where did injury occur? 5900 Buckingham Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Dudley Coroner, M. D.

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 15021 ✓ F 15021

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: South Baltimore Hospital 210-M — Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Charles H Heinbuch — If U. S. Veteran specify WAR. ....
(a) Residence: No. 615 Fairoak Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND (or WIFE) of Linda A Heinbuch

6. DATE OF BIRTH (Month, day, year) March 25 - 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 4 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) 7/35 — 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER
13. NAME Charles Heinbuch
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Louisa Keller
16. BIRTHPLACE (City or town) (State or country) Baltimore Md

17. INFORMANT (Address) Linda Heinbuch 615 Fairoak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Aug 8, 1935

19. UNDERTAKER Charles H Kushner
(Address) 201 Edmondson Ave

20. FILED AUG 8 - 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) August 8th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy) thereon and from the evidence obtained by said (Inquest, Autopsy) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Renal | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 31, 1935
Where did injury occur? York & Light Sts (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury struck by car
Nature of injury Intracranial

24. Was disease or injury in any way related to occupation of deceased? No, specify ....

Herbert Bourke Gill M. D.
(Signature) Coroner
(Address) 5 E Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 8

M. D. B 1268-9

F 15022 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15022

# CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T Kegler If U. S. Veteran specify WAR

(a) Residence: No. S.E.C. 3rd Ave & Hanford Rd Carney Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Feb 19 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired telegraph operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John H. Kegler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Rose Thompson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Margaret Kegler

(Address) Carney Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Date Aug 7, 1935

19. UNDERTAKER

(Address)

20. FILED Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of left femur | |

Other contributory causes of importance: Myocarditis & gangrene left foot

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 3/24/1935

Where did injury occur? Carney, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fall on floor

Nature of injury fractured left femur (neck)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

AUG 8 1935

F. D. 15023

✓ F 15023

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Essex St St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME Rozalia Broda

(a) Residence: No. 2212 Essex Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1839

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 96 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Maryanna Bilinska
(Address) 2212 Essex Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Aug, 7th 35

19. UNDERTAKER George A Weber
(Address) 705 S Ann Street

AUG 6 - 1935 Huntington Bilinska
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug, 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Aug 5, 1935

I last saw her alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1930 |
| General senile changes. | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George D. Yeager, M. D.

(Address) 432 S Patterson Pk

V 53

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15024 Carey ✓ F 15024

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4216 Frankford Ave. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Teresa Carey

(a) Residence: No. 4216 Frankford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Patrick Carey.

6. DATE OF BIRTH (month, day, year): Feb 22 1867

7. AGE: Years 68 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min. 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Jersey City

FATHER

13. NAME: J. Murray.

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Kath. Calahan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Kath. Carey
(Address) 4216 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross Cemetery Md
Place Date Aug 7- 1935

19. UNDERTAKER: F. A. Morgan
(Address) 3000 E. Balto St.

20. FILED ... 19 ... Huntington Wm ... Registrar.

JUN 6 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 5th, 1935

22. I HEREBY CERTIFY—That I attended deceased from June 10th, 1935 to Aug 4th, 1935

Last saw her alive on Aug 4th, 1935. Death is said to have occurred on the date stated above, at 12.35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 1935 |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebral Arteriosclerosis | ? June 1935 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William J. Tighe M.D.

(Address) 2624 St. Paul St. Balto Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 15025
Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15025

92-a

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1421 Battery St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Seifert

(a) RESIDENCE NO. 1421 Battery St. 24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 6 mos 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Seifert

6 DATE OF BIRTH (month, day, and year) Jan. 6 - 1873

7 AGE Years 62 Months 6 Days 29 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant Prop.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Seifert

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M. Fox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. Seifert

(Address) 1421 Battery

15 Filed ____, 19____ Huntington Williams, M.D. Registrar

AUG 6 - 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5th. 1935

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to August 5, 1935

that I last saw him alive on August 5, 1935

and that death occurred, on the date stated above, at 1.05 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) ____ yrs. ____ mos. 1 da.

CONTRIBUTORY (Secondary) Myocarditis & Mitral Insufficiency

(duration) ____ yrs. 1 mos. ____ da.

18 Where was disease contracted ____

if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

Date of Burial 8/8 1935

20 UNDERTAKER L. Pew McCully

ADDRESS 130 E. Fort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 15026 ✓ F 15026

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Delmar Brinkley

If U. S. Veteran specify WAR .....

(a) Residence: No. 131 N. Aisquith st. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Raleigh North Carolina

FATHER

13. NAME Wm. Brinkley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Power

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. Med School Date Aug 6 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5 1934 to August 2 1935

I last saw him alive on August 2, 1935. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1927 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karfgin, M. D.

(Address) Baltimore City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 2

AUG 6 - 1935

Ltr to Nurse 1935

F 15027 ✓ F 15027

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 N. Fricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 0n87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Nicholson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto. City Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. School Date Aug 6 . 1935

19. UNDERTAKER .....

(Address)

20. FILED AUG 8 - 1935 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-25 . 19 35 to 7-29 . 19 35

I last saw him alive on 7-29 . 19 35 Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, generalized | ? |

Other contributory causes of importance:

Gas gangrene right leg and thigh 3 days

Was an operation performed? yes Date of 7-29-35

For what disease or injury? Gas gangrene right leg & thigh

Name of operation amputation right thigh Date of

What test confirmed diagnosis? " Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Balto. City Hospt.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

4045 Roff.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15028 15028

## CERTIFICATE OF DEATH

123

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., V Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John A Kantorski

(a) Residence: No. 242 S Castle st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Kantorski

6. DATE OF BIRTH (month, day, year) May 10-1902

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 33 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) July 29

11. Total time (years) spent in this occupation 10 1

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Kantorski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland.

MOTHER

15. MAIDEN NAME Mary Lewandowska

16. BIRTHPLACE (city or town) (State or country) Unknown Poland.

17. INFORMANT Catherine Kantorski

(Address) 242 S Castle st

18. BURIAL, CREMATION, OR REMOVAL

Place G. H. Evergreen Date Aug 8 1935

19. UNDERTAKER Lilly & Zeiler

(Address) 463 S Walbert

20. FILED AUG 6 1935 Hunter Williams, N.P. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 550 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Perforated ulcer | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. M. Wright M. D.
Coroner

(Address) 1010 S. Edward Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 15029 ✓ F 15029

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 E 22nd St. 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Annie Joynes

(a) Residence: No. 818 E 22nd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard J. Joynes

6. DATE OF BIRTH (month, day, year) June 1-1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ? Hunter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Dehone

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Viola J. Joynes

(Address) 818 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem Date Aug 8 1935

19. UNDERTAKER Wm J Dickey & Son

(Address) N Fulton

20. FILED AUG 8 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Aug 5 1935

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Geo J Young M. D.

(Address) 1819 E Pratt St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 8 1935

M. D. B. 1868-9 F 15030

F 15030

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Mem. Hosp. St., 9 Ward)

1000 Caton Ave.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary D. Valstrum

(a) Residence: No. Jenkins Mem. Hosp. St., 3rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Valstrum

6. DATE OF BIRTH (month, day, year) Sept 29- 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

FATHER

13. NAME Peter Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Edward Valstrum

(Address) E of East gate St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Aug 8 1935

19. UNDERTAKER Chas. P. Graul & Son

(Address) 1128 W. Pratt Boyal Farm

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 st. 1935 to August 5 1935

I last saw her alive on August 4 th 1935 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows: Hypertension ? Date of onset

Cerebral hemorrhage ? Left hemiplegia 3/32

Cerebral hemorrhage ? right hemiplegia 8/1/35

Other contributory causes of importance: arteriosclerosis ?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so specify

(Signed) Carl G Medtart M. D

(Address) 824 Eutaw Place

V. 813

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1963-5

F 15031

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15031

## CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jones Falls at Edmondson Ave St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Junius Carter

(a) Residence: No. 2212 Oak St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 26, 1924

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | — | 10 | 12 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Paul Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ethel Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ethel Carter

(Address) 2212 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

I last saw h... alive on [illegible], 19... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Aug 2 1935

Where did injury occur? Jones Falls Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15032 ✓ F 15032

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St. 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Diebel
If U. S. Veteran specify WAR
(a) Residence: No. 2653 Hafer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Catherine G. Diebel

6. DATE OF BIRTH (month, day, year) Aug 1 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | — | 3. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen ? 0.00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER
13. NAME John Diebel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address) 2653 Hafer St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Aug 6 1935
Date 19

19. UNDERTAKER F. B. Kippenbrock
(Address) 1300 Eutaw Place

20. FILED Aug 6 1935 Registrar.

AUG 6 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/29 1935 to 8/4 1935
I last saw h. alive on 8/4 1935 Death is said to have occurred on the date stated above, at 9 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 4 days |
| Stone in hepatic duct | 5 " |
| | |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

Instructions: Undertaker is required to carefully supervise. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15033

M. D. 12—

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15033

92a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2433 Madison Ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Alberta Cooper

(a) Residence: No. 2433 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Maryland
(State or country)

FATHER

13. NAME Ernest Cooper.

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Rachel Thompson

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Rachel Cooper
(Address) 2433 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Aug 6th, 1935

19. UNDERTAKER Richard A. Gaddis
(Address) 210 W. Fayette St.

20. FILED AUG 7 1935 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/4, 1935 to 8/4, 1935

I last saw her alive on 8/4, 1935 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Right Ventricular failure | |

Other contributory causes of importance:
Active Rheumatic Endocarditis
Mitral Stenosis & Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank F. Furstenberg M. D.

(Address) 511 Cathedral St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15034

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15034

## CERTIFICATE OF DEATH

X 94B.

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred N. Gibbs

(a) Residence: No. 11 Broad St. Berlin St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie E. Gibbs

6. DATE OF BIRTH (month, day, year) Sept 18 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Gibbs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Berlin Md Date Aug 7 1935

19. UNDERTAKER Wm. M. Richardson
(Address) Ellingsville, Del.

FILED AUG 7 - 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935 to Aug. 6, 1935

I last saw him alive on Aug 6 1935 Death is said to have occurred on the date stated above, at 11.05 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis. | |
| Cerebral infarction. | |
| Bronchopneumonia | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton S. Sauler, M. D.
(Address) Mercy Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

M. D. B 1268-9

Gregory Prehodick V

F 15035

15035

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hopkins Hospital (Dead on arrival)

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR 32

2. FULL NAME Gregory Prehodick

(a) Residence. No. Poplar Bank Street (R.F.D.) St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White Russian | 5. Single, Married, Widowed, or Divorced (Write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE — Years 43 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, farm, etc. Public Ry. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wasyly Prehodick (Address) 1615 S. Bond St. A.R.C.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Trinity Russian Cem. Date Aug. 1 1935

19. UNDERTAKER John Petrishuckye (Address) 1423 S. Broadway

20. FILED Aug 2 1935 Huntington Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fire Arm | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc. Date of injury July 31 1935

Where did injury occur? Old Philadelphia Road and Belair Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of occurring Walking along road struck by auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. Gutel Coroner, M. D.

Address 5423 Park Dr.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

AUG 7 1935

N. M.

15036

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15036

## CERTIFICATE OF DEATH

72B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2244 Garrett Ave St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME John Carl Wiber

(a) Residence: No. 2044 Garrett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Elizabeth A. Wiber

6. DATE OF BIRTH (month, day, year) Sept. 5/1904

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner dipper 0019

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm J. C. Wiber

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Louise Vonleinn

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Elizabeth A. Wiber
(Address) 2044 Garrett Ave

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn Date Aug. 7 1935

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED AUG 7 - 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1934 to Aug 4, 1935

I last saw h[illegible] alive on Aug. 4, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows

| | Date of onset |
|---|---|
| Hodgkin's Disease | Oct. '34 |

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify No

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 2 3

M. D. B. 1269-9

15037

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15037

## CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. Redwood Street, 17 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie D. Henson

(a) Residence: No. 1124 Pennsylvania Ave. Ward. 3 C

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Granville Henson

6. DATE OF BIRTH (month, day, year) [illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Simuel Finch

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Allen Finch

(Address) 1124 E Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 8/7 19 35

19. UNDERTAKER Chas. O. Wilson

(Address) 1000 E. Preston St.

20. FILED AUG 7 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31 1935 to August 3 1935

that I saw her alive on Aug 3 1935 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | |
| Polycystic Kidneys | |
| Polycystic Liver | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Hypertension | |

Name of operation Paracentesis of abdomen Date of 8/1/35

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M. Robinson M.D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15038 F 15038

## CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Stockton St., 16 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Thomas

(a) Residence: No. 1144 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | widow |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Thomas

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Same

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Ethel Forrest
(Address) 607 N Carey st

18. BURIAL, CREMATION, OR REMOVAL
Place mt zion cemtry Date Aug 9 1935

19. UNDERTAKER Theo E Kelso
(Address) 1303 Preistman st

AUG 7 - 1935

Huntington Williams, D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1935 to 8/6 1935

I last saw her alive on 8/6 1935 Death is said to have occurred on the date stated above, at 12 15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | 7/1/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. F. Hatchett, M. D.

(Address) 1225 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15039 F 15039

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME May Graham
If U. S. Veteran specify WAR

(a) Residence: No. 917 N. Gilmor st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irving Graham

6. DATE OF BIRTH (month, day, year) March 30, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 20 | 4 | 5 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 00-7

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Anderwon McNeil

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Frances Kendal

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn cem. Date Aug 7 35 19

19. UNDERTAKER T. E. Kelson
(Address) 1703 Freastman st.

20. FILED AUG 7 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 1934 to August 4 1935

I last saw her alive on August 4 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Feb. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leo N. Feldman M. D.
(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

15040

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15040

## CERTIFICATE OF DEATH

81

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Leppier.

If U. S. Veteran specify WAR

(a) Residence: No. None. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Dept H

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 6. 1935

19. UNDERTAKER Leonard J. Ruck

(Address) 2315 Hoffman St

20. FILED AUG 7 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 8/5, 1935

I last saw him alive on 8/5, 1935 Death is said to have occurred on the date stated above, at 6a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage. | |
| Spastic paraplegia, etiol as yet undetermined | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Ralph A. Reiter, M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15041

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15041

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Elizabeth Fenne

(a) Residence: No. 3012 Dona Terrace St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 6, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Fenne

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Corri Leib

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Anne Fenne

(Address) 3012 Dona Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 6 1935

19. UNDERTAKER Leonard J. Rudolph

(Address) 2335 Gabriel Rd

20. FILED Aug 7 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Uremia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

VS6

M. D. B. 1268-9

15042

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15042

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Gorsuch Ave. St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert B. Bausmith

(a) Residence: No. 1603 Gorsuch Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 2, 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 30 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Western Union

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Robert L. Bausmith

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Minnie Riley

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Minnie Riley
(Address) 1603 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Harford Rd Date Aug. 8 1935

19. UNDERTAKER Leonard C. Mucks
(Address) 6305 Harford Rd.

20. FILED ... Registrar.

Aug 7 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Aug 6, 1935

I last saw him alive on Aug 5, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 8 mo |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Thos. Fa Stevens M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 15043 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15043

# CERTIFICATE OF DEATH

34 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henderson Julia Edwards

If U. S. Veteran specify WAR .....

(a) Residence: No. 561 Orchard St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James.

6. DATE OF BIRTH (month, day, year) Est 12/1897.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37. | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Eugene Henderson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Irene Sackett.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/7 1935

19. UNDERTAKER Chas. G. Cooper

(Address) 2,4 N. Calhoun St. Huntingtor-Pollinger

20. FILED ..... 1935 ..... Registrar.

AUG 7 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1935 to 8/3 1935

I last saw her alive on 8/3 1935 Death is said to have occurred on the date stated above, at 5.25 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic insufficiency Syphilitic | 5 mos |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 15044

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15044

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Frederick Ave 20 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daly Girl Hoffman

(a) Residence: No. 1907 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 5 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1907 Frederick Ave Baltimore Md

FATHER

13. NAME John George Hoffman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy Anna Flach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ada Walther

(Address) 6724 Philadelphia Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Aug 7 1935

19. UNDERTAKER E. LeRoy Stafflebam

(Address) 125 S Broadway

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 - 5 30 PM 1935 to Aug 6 - 6 30 PM 1935

I last saw her alive on Aug 6 1935. Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (6 months) | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph M.D.

(Address) 4 N. Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15045 — CERTIFICATE OF DEATH — F 15045

1. PLACE OF DEATH Mount Clare Shops,

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William John Johenning.

(a) Residence: No. Hanover Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie L. Johenning

6. DATE OF BIRTH (month, day, year) AUG. 7th 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B&OR.R.Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Ernest Johenning

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizebeth Metzeing

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Katie L. Johenning
(Address) Hanover Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 7, 1935

19. UNDERTAKER Wm J Lichey sons
(Address) Hotel + 32

20. FILED AUG 7 1935 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/7/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris, | July 2nd |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Thos. J. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15046

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15046

## CERTIFICATE OF DEATH

Registered No. 930

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3205 Beverly Rd. St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Andrew Schlegel
If U. S. Veteran specify WAR

(a) Residence: No. 3205 Beverly Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Helen Schlegel

6. DATE OF BIRTH (month, day, year) Oct. 20 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 9 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy & Mgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. Applegarth Co
10. Date deceased last worked at this occupation (month, day, year) July 8 '35
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Andrew Schlegel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Wilhelmina Boeckelman
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ella H. Schlegel
(Address) 3205 Beverly Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Aug 3 35

19. UNDERTAKER Wm. H. Eckel Sons
(Address) Saratoga & Paines.

20. FILED AUG 7 - 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1935 to Aug 5 1935

I last saw h.. alive on Aug 4 1935. Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Obstruction | |
| | |
| | |
| | |
| Other contributory causes of importance: Myocarditis | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Electrocardiogram Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. H. Mohr M. D.

(Address) 301 S Edmondson Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

St. Eugene Hospital, Md

M. D. B 1268-B

Coroner Schanker 1919 E. North Ave

F 15047

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15047

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Eden St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Mahoney

No War Record

(a) Residence: No. 614 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) about 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 6037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Cornelius Mahoney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah O'Farrell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marie Kelly

(Address) 532 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 7 1935

19. UNDERTAKER Wm Cook

(Address) 1112 St Paul St

20. FILED AUG 7 - 1935 [illegible] Registrar

~~Washington~~ Pikesville, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Chronic Myocarditis | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac Failure | |

Name of operation ..... Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

— If so specify .....

(Signed) Paul Schanker, M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15048

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15048

186a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward) 17

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Smith

(a) Residence: No. 595 Orchard St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Smith

6. DATE OF BIRTH (month, day, year) 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marie Smith
(Address) 595 Orchard St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 8/8/ , 1935

19. UNDERTAKER William A. Jackson
(Address) 916 Pennsylvania Ave

20. FILED AUG 7 - 1935

Huntington & Williamson, N.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 5, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | Aug 3, 1935 |
| Fractured right Femur | |

Other contributory causes of importance: .....

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 3, 1935

Where did injury occur? Baltic mal
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell out of window while leaning over an ironing board

Nature of injury Fractured

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. J. Allen M. D.
Coroner

(Address) 810 Pennsylvania Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

Spec.—1-12-23—M&T—500 Blks.

F 15049 — HEALTH DEPARTMENT—CITY OF BALTIMORE — F 15049

# CERTIFICATE OF DEATH.

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1502 Bradyan St. Fairfield WARD)

2-FULL NAME Ford Middleton 25

(a) RESIDENCE NO. 1502 Bradyan ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 23 | | | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) — 0070
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md

PARENTS
10 NAME OF FATHER Bernard Middleton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Margaret Ford
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Mrs Carroll Middleton
(Address)

15 Filed AUG 7 - 1935 Harrington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 — 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 — 1935 to Aug 5 — 1935
that I last saw him alive on Aug 5 — 1935
and that death occurred, on the date stated above, at 1:30 p m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) ... yrs. ... mos 9 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) W. T. Coleman, M. D.
Aug 7. 1935 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Md Memorial Gdns. Aug 8 1935

20 UNDERTAKER — ADDRESS
Mrs Robert A. Elliott (daughter) 1129 Harlem

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 15

F 15050

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15050

## CERTIFICATE OF DEATH

16

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 16 Ward)

Length of residence in city or town where death occurred 2-3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walton Stipe

(a) Residence: No. 1829 Mosher St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Aug. 25, 1928

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| 6 | 7 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Undrel Frost Stipe

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jessie May Gill

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Undrel F. Steip

(Address) 1829 Masher St.

18. BURIAL, CREMATION OR REMOVAL

Place Greenwood Va. Date Aug. 9 1935

19. UNDERTAKER Stewart & Mann Co

(Address) 101 N. Howard

Filed AUG 9 1935 Wilmington Williams Agt. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor? | |
| Broncho Pneumonia (Bony) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 2737 W. Mosher St.

OCCUPATION is very important. See instructions on back of certificate.

AUG - 1935

M. D. H. 1208-9

F 15051

# HEALTH DEPARTMENT—CITY OF BALTIMORE 15051

## CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 204 W. Henrietta St. St., 22 Ward)

Length of residence in city or town where death occurred 2 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Montford. (C)

(a) Residence: No. 204 W. Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Do not know.

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 39 | ---- | ---- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT William McCoy. (C)
(Address) 204 W. Henriette St.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date AUG 7 - 1935 19...

19. UNDERTAKER ...
(Address)

20. FILED AUG 7 - 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heat prostration | |
| | over |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Fenstad M. D.
Coroner

8/15/35 Address 1017 E. Charles St.

Huntington Williams

F 15052

F 15052

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Alex Atkins

(a) Residence: No. 1233 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widowed

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | (?) | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 1086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? N.Y.

FATHER

13. NAME Abram Atkins

14. BIRTHPLACE (city or town) (State or country) ? N.Y.

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) ? N.Y.

17. INFORMANT Balto City Hospt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 8, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 W. Lanvale St.
Mrs. Katie R. Williams

20. FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1935 to 8-4 1935

I last saw him alive on 8-4 1935 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Varicose ulcer of Leg | ? |
| | ? |

Other contributory causes of importance:

Bronchopneumonia 3 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Robt. L. Mantz M. D.

(Address) Balto City Hospt

OCCUPATION is very important. See instructions on back of certificate.

M. D. 1268

F 15053

3014

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15053

## CERTIFICATE OF DEATH

X 46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Sobchuk

(a) Residence: No. Grant Town W Va St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-8-89

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Sobchuk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Fairmont West Virginia

Place Fair Mount Date Aug 10, 1935

19. UNDERTAKER H. E. Curry Jr.

(Address) Fair Mont West Virginia

20. FILED ..... 19 ..... Registrar.

Burial Permit 1-1035

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to Aug 7, 1935

I last saw h[illegible] alive on Aug 7, 1935 Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, with empyema, right. | 7-12-35 |
| | 7-29-35 |

Other contributory causes of importance:

Name of operation Resection of stomach and post. Gastroenterostomy for Carcinoma Stomach Date of 7-10-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. T. Smith, M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 5 3

F 15054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15054

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Carroll Park Wash. Blvd 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John E. Holtzman

(a) Residence: No. Carroll Park Wash. Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Catherine Holtzman

6. DATE OF BIRTH (month, day, year) June 13 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Parks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Holtzman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan McLaughlin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Holtzman
(Address) Carroll Park

18. BURIAL, CREMATION, OR REMOVAL Place Calvert Cem. Date 8/8/35

19. UNDERTAKER Joyce & Tagley
(Address) Fulton & Lafayette

20. FILED 1935 Washington Williamsport Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1935 to 8/5 1935

I last saw him alive on 8/5 1935. Death is said to have occurred on the date stated above, at 6.20 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Failure | 8/5 |
| Other contributory causes of importance: Cardio-Vascular Renal Disease | 6 mos |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph R. Laubcaiter M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

15055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15055

## CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Fannanda Lane Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julius Scher

(a) Residence: No. 3732 Fannanda Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Scher (Address) 1600 Eutaw

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 8/8/35 19

19. UNDERTAKER Isaac Lewis Lee (Address) 1439 E. Baltimore St

20. FILED 19 Huntington Williams Registrar.

AUG 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1935, to Aug 7, 1935. I last saw him alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at 12 05 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | |
| Other contributory causes of importance: Coronary Thrombosis | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl

Make a cross (X) in proper square to indicate whether DEATH is from natural causes, or whether it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15056

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15056

## CERTIFICATE OF DEATH

77-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Evelyn Morrow

(a) Residence: No. 226 N. Spring St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 6 | 2 | 22 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Morrow

14. BIRTHPLACE (city or town) — (State or country) North Carolina

MOTHER

15. MAIDEN NAME Pearl Jackson

16. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

17. INFORMANT James Morrow

(Address) 226 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Aug 8 19 35

19. UNDERTAKER Wendell J. Tippett

(Address) 1405 Druid Pl.

20. FILED 19 Register, Baltimore, Md.

AUG 8 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 12:00 N.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis (lead) | |

Other contributory causes of importance: (Over)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 15057 F 15057

## CERTIFICATE OF DEATH

✓ 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 E Pratt St., 7 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Slaska

(a) Residence: No. 2022 E Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mathew Slaska

6. DATE OF BIRTH (month, day, year): Unk.

7. AGE: Years 65 | Months — | Days - | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Wm. Hrdkowski
14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Unk.
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Casimir Slaski Son
(Address) 312 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: Aug. 10. 1935

19. UNDERTAKER: L. W. Ozarowski
(Address) 1930 E. Eastern Ave.

FILED AUG 8 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15. 1935. to Aug 6. 1935.
I last saw him alive on Aug 6. 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Rheumatic fever | abt July 35 |
| Other contributory causes of importance: Endocarditis | |

Name of operation ✓ Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Frank L. Simpson M. D.

(Address) 2431 Fait

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15058 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15058

## CERTIFICATE OF DEATH

97-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1703 Lansing St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

2. FULL NAME Mary M. Buettner

(a) Residence: No. 1703 Lansing St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Buettner

6. DATE OF BIRTH (month, day, year) July 22-1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 0 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Kirschner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick Buettner

(Address) 3322 Brackenridge

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Aug 9, 19 35

19. UNDERTAKER Henry Theobald Inc

(Address) 1301 E Eager St

20. FILED AUG 8 - 1935 Huntington Williams
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1935 to Aug 7, 1935

I last saw him alive on Aug. 6, 1935 Death is said to have occurred on the date stated above, at 5 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | 2 wks |
| | |
| | |
| | |
| Other contributory causes of importance: Organization Mitral Regurgitation | 1 mo |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos F A Stevens M. D.

(Address) 2878 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

15059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15059

## CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Cumberland 15 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Ellen Ross

(a) Residence: No. 706 Cumberland St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen Ross

6. DATE OF BIRTH (month, day, year) July 25 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 83 | 0 | 11 | 10 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Rel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Asst

10. Date deceased last worked at this occupation (month and year) 8 34

11. Total time (years) spent in this occupation 8 Yrs

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

15. MAIDEN NAME Mandacy Long

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Ethel Ross
(Address) 706 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Aug 6 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St.

20. FILED ..... 19 ..... Registrar.

AUG 8 - 1935 Huntington Williams, M

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 1935

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) O. Stans Coroner M. D.

(Address) 126 Hanover St.

MAIL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15060 F 15060

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1146 Argyle Av St., 17 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Young

(a) Residence: No. 1146 Argyle Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Eliza Young

6. DATE OF BIRTH (month, day, year) unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 81 (?) | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Eliza Young (Address) 1146 Argyle Av

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 8/8/ 1935

19. UNDERTAKER Frances G. Wemsley (Address) 1756 W. Biddle St.

20. FILED ..... 19..... Registrar

AUG 8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-5-35 19

22. I HEREBY CERTIFY, That I attended deceased from June 31 to 8-5 1935

I last saw him alive on 8-5 — 1935 Death is said to have occurred on the date stated above, at 1:50 m. p.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1934 |
| Arterio-sclerosis | 1932 |
| Other contributory causes of importance: | |
| Otitis Media | 1933 |
| Chronic Myocarditis | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1500 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—1-36—M. & T.—250 Bks.

F 15061 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15061

CERTIFICATE OF DEATH. 82-W

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Laurens ST. 14 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Watkins

(a) RESIDENCE NO. 539 Laurens St ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | Col. | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Watkins

6 DATE OF BIRTH (month, day, and year) July 23 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 0 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Catherine Watkins

13 BIRTHPLACE OF MOTHER (city or town) A. A. Co. (State or country) Md.

14 Informant Mrs. Carrie Davis

(Address) 539 Laurens St

AUG 8 - 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1935, to Aug. 6, 1935, that I last saw him alive on Aug. 6, 1935, and that death occurred, on the date stated above, at 8.50 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) acute gastritis

(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted — If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical lab.

(Signed) H. Mace Williams M. D.

Aug 9 1935 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 9th 1935

20 UNDERTAKER Sam'l. E. Chase & Son — ADDRESS 638 N. Gilmor

FILED AUG 9 1935

(1) Accidental Death, (2) Suicide, (3) Homicide

(1) Industrial, (2) Non-Industrial

(1) Yes, (2) No

(1) Natural, (2) Accidental, (3) Suicidal, (4) Homicidal, (5) Undetermined

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 15062 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15062

# CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Park Ave St., 14 Ward)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Key Wagner

(a) Residence: No. 1618 Park Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William A Wagner

6. DATE OF BIRTH (month, day, year) Dec 6 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 7 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME James McGrew Eppleye

14. BIRTHPLACE (city or town) York Pa
(State or country)

MOTHER

15. MAIDEN NAME Mary Jane Hyde

16. BIRTHPLACE (city or town) York Pa
(State or country)

17. INFORMANT Wm A Wagner
(Address) 1618 Park Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Green Mount Date Aug 8 1935

19. UNDERTAKER Henry M Jenkins Sons Co
(Address) McCulloh & Eutaw Sts

AUG 8 - 1935 Huntington West Virginia

OCCUPATION is very important. See instructions on back of certificate.

V 53

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to Aug 6 - 35 19...

I last saw her alive on Aug 6 1935. Death is said to have occurred on the date stated above, at 6 15 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inoperable Carcinoma Uterus from history - about 1 yr. duration | |

Other contributory causes of importance:

Carcinoma Uterus from personal knowledge since March 25/35 - (duration)

Name of operation None Laboratory Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Walter Dryblatt M. D.

(Address) 2220 Garrison Blvd.

M. D. B 1268-9

15063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15063

## CERTIFICATE OF DEATH

Registered No. 1120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Harlem ave 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Judson

(a) Residence: No. 1209 Harlem ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levy Judson.

6. DATE OF BIRTH (month, day, year) March 11 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 4 | 23. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

MOTHER

13. NAME Fannie Jones

14. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

FATHER

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va.

17. INFORMANT Ruth Williams 1209 Harlem ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Aug 8 1935

Place Date

19. UNDERTAKER Bernard O'Neill & Son

(Address) 8188 Pennsylvania Ave

20. FILED AUG 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said injury (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitrus Colitis (Enterocolitis) inflammation of Colon | |

Other contributory causes of importance: Senility General weakness

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, if so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

V 5 9

F 15064

M. D. B 1268-9

F 15064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3346 E. Balto St., 26 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna (Schmoul) Moutoux

If U. S. Veteran specify WAR .....

(a) Residence: No. 3346 E. Baltimore St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William adolph

6. DATE OF BIRTH (month, day, year): Apr 27 1863

7. AGE: Years 72; Months 4; Days —; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): San Francisco Cal.

FATHER

13. NAME: Schmoull

14. BIRTHPLACE (city or town) (State or country): Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown Germany

17. INFORMANT: Mrs. Anna Elliott

(Address) 3124 Kentucky Ave.

18. BURIAL, CREMATION, OR REMOVAL: Hartwood Cem Aug 8 1935

19. UNDERTAKER: Jos J Stein + Son

(Address) 3001 Eutaw Place

20. FILED Aug 8 1935 Huntington [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suffocation + burns | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 7, 1935

Where did injury occur? 3346 E. Balto St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 3rd floor Department store a tenement

Manner of injury: fire escape cut off by smoke + flames

Nature of injury: Suffocation + burns [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Edward Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 15065

F 15065

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3346 E. Balto St. 76 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Adolph Montoux If U. S. Veteran specify WAR .....

(a) Residence: No. 3346 E. Balto St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Jan 12 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general salesman

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) San Francisco (State or country) California

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) Unknown (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs. Anna Elliott Sr. (Address) 3124 Kentucky Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Aug 8-35

19. UNDERTAKER Forster & Son (Address) 3001 Kentucky Ave

20. FILED Aug 8 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and from final that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suffocation + Burns | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug 7, 1935

Where did injury occur? 3346 E. Balto St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 3rd floor apt. Public Tavern

Manner of injury Fire in basement - escape cut off

Nature of injury Suffocation + burns, scalp + hands

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 6

F 15066

F 15066

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 9th Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Hallan

(a) Residence: No. 1429 W. Fayette St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of John Hallan

6. DATE OF BIRTH (month, day, year) Oct 25, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME George Sevilla

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John M Hallan
(Address) 1429 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 10. 1935

19. UNDERTAKER Charles H Keehner
(Address) 230 E Edmondson Ave

20. FILED AUG - 1935, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26. 1935 to August 6. 1935
I last saw her alive on aug. 6 1935 Death is said to have occurred on the date stated above, at 12 20 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine Fibroids | March 1934 |
| Other contributory causes of importance: Pneumonia after operation | 8/4/35 |

Name of operation Hysterectomy Date of 8/3/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Markel M. D.

(Address) St Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 15067

# F 15067 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ X 93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Camille P. Green

(a) Residence: No. 12 Chestnut Ave Overlea. Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M. Green

6. DATE OF BIRTH (month, day, year) Feb. 4th 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ... min. |
|---|---|---|---|
| 63 | 6 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithographing

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pennsylvania

MOTHER FATHER

13. NAME Albert Lakey

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Catherine Knabb

16. BIRTHPLACE (city or town) (State or country) Unknown Kentucky

17. INFORMANT Margaret M. Green

(Address) 12 Chestnut Ave. Overlea

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Aug. 9th 1935

19. UNDERTAKER Frederick Lakes and Sons

(Address) 7401 Belair Road

20. FILED AUG 8 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28 1935 to August 7 1935

I last saw h in alive on August 7 1935 Death is said to have occurred on the date stated above, at 6:35 P.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Arteriosclerosis.
2. Thrombo-phlebitis and gangrene rt. leg.
3. Chronic myocarditis & coronary sclerosis

Other contributory causes of importance:

1. Pulmonary embolism

Name of operation Amp. rt. leg Date of 7-31-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. M. Wagenseller M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

Spec.—6 30—A & Co—250 Blks

F 15068 F 15068

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 131

1. PLACE OF DEATH Franklin Sq. Hosp.

CITY OF BALTIMORE: (No ..... ST. 1 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry Graham

(a) RESIDENCE NO. 3102 Fait ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary V. Graham

6 DATE OF BIRTH (month, day, and year) Dec 3 - 1867

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| 67 | 68 | 8 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) ..... 430

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Graham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary A. Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mary V. Graham
(Address) 3102 Fait Ave

15 Filed ..... 19 ..... Huntington Williams, M.D. Registrar

AUG 8 - 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/'35

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to Aug. 7, 1935

that I last saw ~~him~~ alive on Aug 7, 1935

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.
Uremia
Hypertensive C-V. Disease (Decompensated)

(duration) 2 yrs. ? mos. ... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) D. D. Caples M. D.

19 (Address) Franklin Sq. Hosp. - Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem.

DATE OF BURIAL Aug 9 1935

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St.

TION is very important. See instructions on back of certificates.

F 15069 ✓ F 15069

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 72-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Frances Albright Wilson
If U. S. Veteran specify WAR.....
(a) Residence: No. Eastern Ave - nr Woodlawn Rd St., Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daughter of Charles Albrecht

6. DATE OF BIRTH (month, day, year) Nov 8-1902

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 32 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal trades
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Charles Albrecht
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Edna Briggs
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edward Schell
(Address) 1418 N East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 10 1935

19. UNDERTAKER Tully & Zeilman
(Address) 403 Fremont Ave

20. FILED Aug 8 1935 Harrington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to Aug. 6, 1935.
I last saw h[illegible] alive on Aug. 6, 1935. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myeloid Leukemia | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Yes Date of ...
For what disease or injury? Influenza Grip
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milton S. Sanders, M. D.
(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

V 53

G8-1935

V. D. B. 1268-9

F 15070

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15070

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 40 yrs. ... mos. ... ds.

2. FULL NAME Edward Wetzler

(a) Residence: No. 2242-E. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) About 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or XXXX |
|---|---|---|---|
| Abt. 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not working

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank A. Wetzler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria M. Dietz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Family record from
(Address) Health Dept. Records

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date 8/8/35 19...

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735-Harford Ave.

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug. 7, 1935

Where did injury occur 2242 E. North Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps.

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Ohrenberger M. D.
Coroner

(Address) 1917 E. North Ave.

F 15071 ✓ F 15071

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah A Gosnell

(a) Residence: No. 432 S. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown Geo. H. Gosnell

6. DATE OF BIRTH (month, day, year) Dec 7 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, ~~Md~~ Md.

FATHER

13. NAME Jim Ford.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Elizabeth Clarity

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lawson Park Date August 10 1935

19. UNDERTAKER Rolff & B M Whitteys

(Address) 121 S. Stricker St

20. FILED ~~Aug 8 1935~~ Aug 8 1935 Registrar

AUG 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935, to Aug. 7, 1935.

I last saw her alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| Hypertension | |
| Cerebral Hemorrhage | 7-27-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) H. A. De Sanctis, M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

F 15072

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-c

Registered No. F 15072

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ray B. Braun Ray B. Braun

(a) Residence: No. Riviera Apts St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius B. Braun

6. DATE OF BIRTH (month, day, year) Oct. 14, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ~~48~~ | (48) | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady-Ladies' Wear Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Jennie Elsasser

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Emanuel Berlin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lisette Braun
(Address) Riviera Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cem Date Aug. 9, 1935

19. UNDERTAKER David Tondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

~~G8 - 1935~~

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1935, to August 7, 1935

I last saw h.e.r. alive on August 7, 1935. Death is said to have occurred on the date stated above, at 4.50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor - frontal lobe | April 1, 1935 |

(Over)

Other contributory causes of importance:

Name of operation Craniotomy Date of 8/6/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Elliott Michelson M. D.

(Address) 2230 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 15073

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15073

x 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Kliozi

(a) Residence: No. 1147 Hobart St N W St., Wash Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or 10 min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Ellis Kliozi

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Rae Polonsky

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Take care of by Hospital Date ..... 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 .....

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935 to Aug 8, 1935

I last saw him alive on Aug 4, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm B. Schapiro M. D.

(Address) .....

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

AUG 8 1935

M. D. B. 1269 F 15074 ✓ F 15074

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 22 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Smith.

(a) Residence: No. 702 Warren St., Ward.
(Usual place of abode) WARNER (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Black. | — |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-25-35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Wm Bailey ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date AUG 7 - 1935 19

19. UNDERTAKER

(Address)

FILED AUG 8 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 . 1935 to Aug 2 . 1935

I last saw him alive on Aug 2 . 1935 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart | |
| 1. Dextracardia | |
| 2. Ll. Pulmonic Stenosis | |
| 3. Imperfect interventricular septum | |
| 4. Single Aortic ventricle & pulmonary artery | |
| 5. Patent Ductus Arteriosus | |

Other contributory causes of importance:

Atelectasis of lungs

Name of operation ..... Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [signature] M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 15075 ✓ F 15075

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3345 Woodland Ave. Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Shulack

(a) Residence: No. 3345 Woodland Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 2080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Von Kraus

14. BIRTHPLACE (city or town) (State or country): Russia.

MOTHER

15. MAIDEN NAME: Von Kraus

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Coral Shapiro

(Address) 2440 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 8/8/35 19

19. UNDERTAKER: Jack Levin Inc.

(Address) 1439 E. Biddle St.

Huntington, West Virginia

20. FILED

G 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to August 8 1935

I last saw him alive on August 8 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 2 yrs |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertension | |
| | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. Sambain M. D.

(Address) 2128 W. Northern

F 15076

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15076

## CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp. St., 4 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion E Brassington

(a) Residence: No. 3205 Ravenwood Ave Ward. Hollywood Pa
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Flora Brassington

6. DATE OF BIRTH (month, day, year) Apr. 30, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 3 | 9 | 8 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Hugh Brassington

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Leona Davis

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Flora Brassington
(Address) 3205 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place WILLIAMSPORT, PA. Date Aug 9 1935

19. UNDERTAKER John F Dennis
(Address) 715 Light St

20. FILED AUG 8 - 1935 19.. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2- 1935 to 8-8- 1935

I last saw him alive on 8-8- 1935 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trauma due to Chr. Nephritis | 1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Theodore A. Schwartz, M. D.

(Address) Y.o Mercy Hospital

M. D. B. 126 F 15077 ✓ F 15077

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Kennedy Ave St., 9 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Pendergast

(a) Residence: No. 1924 Kennedy Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ellen Pendergast

6. DATE OF BIRTH (month, day, year) 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Richard Pendergast

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs T. Pendergast

(Address) 1924 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug 9 1935

19. UNDERTAKER Mary M Wright

(Address) 211 E 22nd St

20. FILED AUG 8 - 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3 1935 to August 6 1935

I last saw him alive on Aug 5 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cystitis | 7-25-35 |
| Chronic Prostatis | over |

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Benj. V. Hayden M. D.

(Address) 216 N Caroline St

F 15078 ✓ F 15078

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Schuessler

(a) Residence: No. 404 N. Kenwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 49 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bryan Lent Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Schuessler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Horn

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Date Aug 10 1935

19. UNDERTAKER Wm H. Rudderow & Son

(Address)

20. FILED Huntington Williams Registrar

AUG 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1935 to Aug 7 1935

I last saw h.. alive on Aug 7 1935 Death is said to have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| Other contributory causes of importance: Arteriosclerotic cardio-vascular disease | |

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Sacks, M. D.

(Address) Mercy Hospital

F 15079 ✓ F 15079

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Ulman ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Schwartz

(a) Residence: No. 2600 Ulman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac

6. DATE OF BIRTH (month, day, year): 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Jacob Wolfe

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie Lurey

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Nathan Wolfe 2004 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rendal Date Aug 9 1935

19. UNDERTAKER (Address): Sol Levinson Bro 117 E Baltimore St

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to Aug 8th 1935

I last saw her alive on Aug 5th 1935. Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerotic Cardio-Vascular disease | |
| Other contributory causes of importance: | |
| Coronary Thrombosis | July 15 |
| Cerebral Thrombosis | July 15 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 4603 Park Heights Ave

U68 - 1935

M. D. B. 12

F 15080

F 15080

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 14 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Parker

(a) Residence: No. 2029 Illinois St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah

6. DATE OF BIRTH (month, day, year) 9/29/82

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Samuel Parker

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Ella Rice

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Aug 8 1935

19. UNDERTAKER Schofield & Gaddis

(Address) 1811 McCulloh St.

20. FILED 8-1935 Harrington Williams ND Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27 . 1935 to Aug 6 . 1935

I last saw him alive on Aug 6 . 1935. Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Osteomyelitis of sacrum — Date of onset May 1935

Other contributory causes of importance:

Name of operation Drainage of sacral abscess Date of 6-27-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

F 15081

F 15081

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 111-B

1-PLACE OF DEATH 3220 West Garrison Ave ST. 15 WARD 21-18

CITY OF BALTIMORE: (No.

2-FULL NAME L. Frances Nichols

(a) RESIDENCE No. 3220 W Garrison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 1848

7 AGE: Years 87 Months 5 Days 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Caroline Co. Md

PARENTS

10 NAME OF FATHER: Nichols

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary J. Mowbray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 INFORMANT: Laurence H Thompson

(Address) 3220 W Garrison Ave

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/8/35 19

17 I HEREBY CERTIFY, That I attended deceased from 8/4, 1935, to 8/8, 1935,

that I last saw her alive on 8/8/35, 19

and that death occurred, on the date stated above, at 2.05 m.

The CAUSE OF DEATH* was as follows:

Primal Hypostatic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hubert Gruber M. D.

19 (Address) 5421 Park Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Caston Md.

DATE OF BURIAL: 7/12 1935

20 UNDERTAKER: J. A. Spence

ADDRESS: 742 W. North Ave

TION is very important See instructions on back of certificates.

M. D. B 1268-9

15082

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15082

## CERTIFICATE OF DEATH

XV/22-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME John Grant Chapman

(a) Residence: No. LaPlatte Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia T.S.Chapman

6. DATE OF BIRTH (month, day, year): Sept. 23, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): LaPlatta Md.

FATHER

13. NAME: J.M.G.Chapman

14. BIRTHPLACE (city or town) (State or country): LaPlatta

MOTHER

15. MAIDEN NAME: Mary Stone

16. BIRTHPLACE (city or town) (State or country): LaPlatta, Md.

17. INFORMANT: Amelia Chapman

(Address) LaPlatta Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale, Md Date Aug 8 19 35

19. UNDERTAKER: J. Fickey & Sons

(Address) J. L. Pe a...

FILED AUG 9 - 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 7 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F.B. Cullen, M. D.

(Address) 2737 W North Ave. Coroner

M. D. P. 1268-9

F 15083 HEALTH DEPARTMENT—CITY OF BALTIMORE 15083

# CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3209 Guilford Ave St. 12 Ward)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 88 yrs. 6 mos. 4 ds.

2. FULL NAME Florence Virginia Ailes No War Service

(a) Residence: No. 3209 Guilford Ave St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amos D. Ailes

6. DATE OF BIRTH (month, day, year): Feb 3 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): near Warrenton Virginia

FATHER

13. NAME: John Rangel

14. BIRTHPLACE (city or town) (State or country): Warrenton Va.

MOTHER

15. MAIDEN NAME: Mary Galbreath

16. BIRTHPLACE (city or town) (State or country): Warrenton Va.

17. INFORMANT: Mrs. Blanche Mackabee (daughter)
(Address) Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Ceme. Date: Aug 9/35 19

19. UNDERTAKER: Stewart & Mowen Company
(Address) 108 W. North Ave.

AUG 9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Aug 7 1935

I last saw her alive on Aug 7 1935. Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronco Pneumonia | Aug 1/35 |
| Other contributory causes of importance: Arteriosclerosis, Chronic Int. Nephritis. Myocardium insufficiency | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N. Pattison St ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15084

## CERTIFICATE OF DEATH

✓ 159 F 15084

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Maria D. Martin

(a) Residence: No. 3809 Mt Pleasant ave St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-6-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Martin

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Dorothy Wayland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Father
(Address) 3809 Mt Pleasant ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Aug 9 1935

19. UNDERTAKER Frank V. Pipitone
(Address) 221 S. Balto st

AUG 9 - 1935 Attest for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1935, to 8-8, 1935

I last saw her alive on 8-8, 1935 Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 8-6-35

Other contributory causes of importance:

Pneumonia — 8-7-35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bernard Stephens M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

# 15085 HEALTH DEPARTMENT—CITY OF BALTIMORE 15085

## CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary St. 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Zena Tallutto

(a) Residence: No. 36 N. Kenwood Ave. Balto., Md.; ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 9 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lindonio Tallutto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Tolaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mother Rose Tallutto

(Address) 36 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 10 1935

19. UNDERTAKER Frank V. Pifitone

(Address) 2518 E. Balto St

20. Filed AUG 9 - 1935 Hunter Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935, to Aug 7, 1935.

I last saw h.e.y. alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rt. Ovary | unknown |
| Carcinomatosis Peritonei | unknown |

Other contributory causes of importance:

Name of operation Removal of Rt. Ovarian Carcinoma Date of 7/20/35

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Infirmary

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15086 15086

## CERTIFICATE OF DEATH

✓ 18

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ira Ross

(a) Residence: No. 513 N. Bond St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year). —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Cornelius Ross
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Penscola Johnson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Penscola Johnson Ross
(Address) 513 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashury Cem. Date 8 9 1935

19. UNDERTAKER Bryant Mamie A. Wright
(Address) 1218 Eutaw Pl. Hampton Nelson

20. FILED AUG 8 - 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcic Meningitis | |

Other contributory causes of importance:

| | |
|---|---|
| Meningococcic Septicemia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Carl Mbenthy M. D.
Coroner

(Address) 1919 E. North Ave

M. D. B. 1938-9

F 15087

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15087

## CERTIFICATE OF DEATH

✓ 191

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 W Biddle St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Derry

(a) Residence: No. 524 W Riddle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Derry

6. DATE OF BIRTH (month, day, year) 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nathan Derry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Tessie Derry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Derry

(Address) 524 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 8/10/ 1935

19. UNDERTAKER Francis A Hemsley

(Address) 578 W. Biddle St.

FILED AUG 9 - 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy, Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy, Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | July 25 1935 |

Other contributory causes of importance: Heat Exhaustion

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo S Allen Coroner, M. D.

(Address) 510 Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

m

15088

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15088

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Fenton

(a) Residence: No. 1 Orchard ave. St., Ward. A. U. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Fenton

6. DATE OF BIRTH (month, day, year) May 10, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Fenton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Ensor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 13 1935

19. UNDERTAKER Harry D. Ellen
(Address) 1744 W. Fort Ave.

889 - 1935 19 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to August 8 1935

I last saw him alive on August 8 1935 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Dec. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lew H. Feldman. M. D.

(Address) Baltimore City Hospital

F 15089 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15089

93-C

# CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH 5312 Wayne ave St., 28 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Carrie Barker

(a) Residence: No. 5312 Wayne ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clarence L Barker

6. DATE OF BIRTH (month, day, year) Oct 17 1869

| 7. AGE Years | Months | Days | If UNDER 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Roes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence L Barker
(Address) 5312 Wayne ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Aug 11, 1935

19. UNDERTAKER W M Brooks
(Address) 1217 N Paca St

Filed 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1933, to 8/7, 1935

I last saw her alive on 8/6, 1935. Death is said to have occurred on the date stated above, at 1135 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage. | 8/6/35 |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | |
| Myocarditis. | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) A. A. Silver M. D.

(Address) 3703 Gamin Blvd.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15090

15090

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred since 1894 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Alfred Furstenmaier

(a) Residence: No. 2805 Gibbon Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy.

6. DATE OF BIRTH (month, day, year) 7/24/67.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Say

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Furstenmaier

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Bur.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date Aug 10 1935

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.

20. FILED AUG 9 - 1935 Assistant Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/5 1935 to 8/8 1935

I last saw him alive on 8/8 1935 Death is said to have occurred on the date stated above, at 10 22 a. m.

The principal cause of death and related causes of importance were as follows:

Uremia from urinary retention Cause undetermined. — Date of onset 7/24/35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. F 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15091

## CERTIFICATE OF DEATH

93-F 15091

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie K. Kremer

(a) Residence: No. 2328 E. Chase St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

No War Record

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Dec 7th 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 8 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Kraemer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Hoffmann

16. BIRTHPLACE (city or town) (State or country) Babtt Md

17. INFORMANT Catherine Thomas

(Address) 2328 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. Filed ... 19... Registrar.

AUG 9 1935 Baltimore, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 1935 to August 7 1935

I last saw her alive on August 7 1935. Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Chronic myocarditis | |
| 2. Chronic arthritis | |
| 2. Ind anaemia | |

Other contributory causes of importance:

Name of operation ✓ Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. W. Wagenseller M. D.

(Address) ...

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 15092

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15092

## CERTIFICATE OF DEATH.

✓ 46-B

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 4919 Queensbury Ave (St.) 27 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gustav Rhodey

(a) RESIDENCE. No. 4919 Queensbury Av St., Ward. U. S. Veteran No

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Duration of Widowhood mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amelia Rhodey

6 DATE OF BIRTH (month, day, and year): June 28 1875

7 AGE: Years 60 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: (Unknown) Rhodey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Schoots

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Amelia M. Rhodey

(Address) 4919 Queensbury Ave

15 Filed Aug 9 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6 1935

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1935, to August 6, 1935, that I last saw him alive on August 6, 1935, and that death occurred, on the date stated above, at 6.45 P m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach C Metastasis to Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray. Clinical

(Signed) Samuel B Wolfe, M. D.

, 19 (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 9 1935

20 UNDERTAKER: Hillcairn Cook — ADDRESS: 1217 St Paul

Note—Very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15093

## CERTIFICATE OF DEATH.

V 131 F 15093

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1239 East Lanvale St.; 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Washburn

(a) RESIDENCE NO. 1239 East Lanvale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Specify whether Home

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married~~, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced (or) WIFE of Nicholas Washburn

6 DATE OF BIRTH (month, day, and year) May 16 1858

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 2 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass

PARENTS

10 NAME OF FATHER Edward F. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Mary Rattle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass

14 Informant Edith Anderson

(Address) 3005 Dona Terrace

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1935

17 I HEREBY CERTIFY, That I attended deceased from June 27th, 1935, to Aug 8th, 1935, that I last saw her alive on August 7th, 1935, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician diagnosis

Signed H. B. Culver Hunt, M. D.

8/8, 1935 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Greenmount Cemetery | Aug 10 1935 |
| 20 UNDERTAKER | ADDRESS |
| Wm. Cook | 1217 St. Paul |

1349 - 1935

Form 10 Why important. See instructions on back of certificates.

Spec. 6-9-19—H. P. Co.—1000 Blks.

F 15094

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15094

## CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3025 Westwood Ave (St.) 15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Claude O. Colson Jr.

(a) RESIDENCE. No. 3025 Westwood Ave Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

U. S. Veteran

Locality Was

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4th 1921

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 14 | 1 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer) Public Schools

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Claude O. Colson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Alma Aspel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Claude O. Colson

(Address) 3025 Westwood Ave

15 Filed . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7th 1935

17

I HEREBY CERTIFY, That I attended deceased from July 28 . 19 35 . to Aug 7 . 19 35 .

that I last saw him alive on Aug 7 . 19 35 .

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis lenta

(duration 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ernest A. Palm, M. D.

8/8/1935 (Address) 3005 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Olivet | 8/10/1935 |

20 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul St.

1919-1935

F 15095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15095

## CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME John Philip Becker

(a) Residence: No. 4203 Parkwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Marie Bauer

6. DATE OF BIRTH (month, day, year) Oct. 2, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockclerk Md

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Philip Becker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lucy Gabris

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Charlotte C. Rustleberg

(Address) 2902 White Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 9 - 1935 Huntington Woodlawn, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4-35, 19, to 8-7, 1935

I last saw him alive on 8-7-, 1935. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma - generalized | |
| ~~Ignition~~ abdominal - primary site undiscovered | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

Spec.—8-16-29—L. F. S.—100 Blks.

15096

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15096

## CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2700 Elsinor Ave ST. 15 WARD)

2—FULL NAME William Vance Wilson Jr

(a) RESIDENCE NO. 2700 Elsinor Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 9 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Wilson

6 DATE OF BIRTH (month, day, and year) Nov. 7 1856

| 7 AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 9 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Wood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Wm Vance Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Margaret Ann Edgar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Miss Sarah J Wilson
(Address) 2700 Elsinor Ave

15 Filed 19 Registrar

AUG 9 - 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7, 1935

17 I HEREBY CERTIFY, That I attended deceased from January, 19 34, to August 7, 19 35, that I last saw him alive on January, 19 34 and that death occurred, on the date stated above, at 11:43 A m.

The CAUSE OF DEATH* was as follows:

Cerebral accident due
arteriosclerosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Wesley Edgar M. D.

8/8 1935 (Address) 2806 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Aug 9 1935

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

15097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15097

## CERTIFICATE OF DEATH

V 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 St. Paul St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Flora B. Joyce

(a) Residence: No. 3809 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Burch Joyce

6. DATE OF BIRTH (month, day, year) Aug. 4. 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 0 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph A. Bolgiano

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Walton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Dr. J. Burch Joyce

(Address) 3809 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Aug. 10. 1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Aug 9 1935 Clinton Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935 to Aug. 7, 1935

I last saw her alive on Aug. 7, 1935. Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-vascular disease. Coronary Sclerosis. Cardiac Typt & Dil Chronic Failure — Date of onset: ?

Other contributory causes of importance:

Coronary Occlusion — Date of onset: 8/7/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Hoffman M. D.

(Address) 2211 Eutaw Place

M. D. P. 1268-9

Sarah Grogan

F 15098

15098

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 10 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Grogan

(a) Residence: No. 916 Valley St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Grogan

6. DATE OF BIRTH (month, day, year) Dec 1, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 73 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green Balto Co Md

FATHER

13. NAME John Brannan

14. BIRTHPLACE (city or town) (State or country) Long Green Balto Co. Md

MOTHER

15. MAIDEN NAME Sarah E Waters

16. BIRTHPLACE (city or town) (State or country) Long Green Balto Co. Md.

17. INFORMANT Miss Margaret Grogan

(Address) 916 Valley st

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date Aug 12, 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. FILED Dec 9 - 1935 Registrar for William ...

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935 to August 8, 1935

I last saw h.er alive on August 8, 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cholecystitis | |
| 2. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 7-31-35

What test confirmed diagnosis? Dx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M M Magruder, M. D.

(Address) .....

F 15099 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15099

# CERTIFICATE OF DEATH

✓ 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5015 Greenspring Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Eastins

(a) Residence: No. 5015 Greenspring ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harris

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman S Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harris Eastins
(Address) 5015 Greenspring ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Date 8/9/35 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto st

AUG 8 - 1935 19 Huntington Ave Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 1932, to Aug 9 1935

I last saw h.. alive on Aug 8 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma uterus | 1934 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinosis | |
| | |

Was an operation performed? yes Date of March 35

For what disease or injury? Carcinoma

Name of operation Uterus removed Date of 3-35

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julian S. Rudolph M. D.

(Address) 126 E - 25th St

M. D. P. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15100 ✓ F 15100

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W Mulberry St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A Stewart

(a) Residence: No. 804 W Mulberry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) June 8

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 2 | X | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grave digger

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George H Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George A Stewart
(Address) 804 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Int Auburn Date Aug 10, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 3221 Edmondson Ave

20. FILED ..... 19..... Registrar.

AUG 9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to Aug 8 1935

I last saw him alive on Aug 6 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis chronic | 1934 |

Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C Katie Williams M. D.

(Address) 3200 Edmondson

M. D. F 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15102

## CERTIFICATE OF DEATH

56 F 15101

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. Redwood & Greene St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Walter Marie Garrison

(a) Residence: No. 1204 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Garrison

6. DATE OF BIRTH (month, day, year) aug 26, 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Gross

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Addie Walker Smith

(Address) 639 Lowe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 11, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

AUG 9 - 1935

RECEIVED 19 Hattie Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935 to August 6, 1935

I last saw h alive on August 6, 1935. Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism | |
| Subacute Bacterial Endocarditis | |
| Rheumatic Fever | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M. Robinson Jr. M. D.

(Address) University Hospital

M. D. F. 1268-9 15102

F 15102 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15102

30/1939

# CERTIFICATE OF DEATH

5 3 C

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Frederick no Was.

(a) Residence: No. 3162 Lyndale ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E.

6. DATE OF BIRTH (month, day, year) 1-16-95

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 40 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. orderly 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hosp.

10. Date deceased last worked at this occupation (month and year) June 16/35

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Frederick

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bertha Costinger

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Aug 10 1935

19. UNDERTAKER Mr. & Mrs. John W. Boyd & Son

(Address) 801 W. Lafayette Ave

FILED Aug 9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19 1935 to Aug 8 1935

I last saw h[illegible] alive on Aug 8 1935 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, Malignant | 6 mos ago |

Other contributory causes of importance:

Name of operation Left craniotomy Date of 7/31/35

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L. Stafford, M. D.

(Address) The Johns Hopkin Hosp.

15103

# HEALTH DEPARTMENT—CITY OF BALTIMORE 15103

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH 2316 Chelsea Terrace — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Lorsett

(a) Residence: No. 2316 Chelsea Terrace St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H Lorsett

6. DATE OF BIRTH (month, day, year) May 10, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 2 | 28 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George Thacker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Bates

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William H Lorsett
(Address) 2316 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Aug 12 1935

19. UNDERTAKER John J Kenny
(Address) 715 Light St

AUG 9 - 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from August, 1933 to August 8, 1935

I last saw her alive on Aug 8, 1935 Death is said to have occurred on the date stated above, at 7-25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adeno-Carcinoma of the body of the Uterus | |
| Other contributory causes of importance: General metastasis | |

Name of operation Pan Hysterectomy Date of Aug 11/33

What test confirmed diagnosis? Microscopic an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Kuler Morris M. D.

(Address) 1129 Calvert St.

M. D. P. 1268-9

15104 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15104

# CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 11 Ward)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gross

(a) Residence: No. 1086 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 52 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter W Gaskins

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Josephine Wells

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna McIntosh

(Address) 1303 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 8/10 35 19

19. UNDERTAKER Wm A Jackson

(Address) 416 Penna ave

20. FILED AUG 9 - 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7- 1935

I HEREBY CERTIFY, That I attended deceased from 8-5- 1935 to 8-7- 1935

I last saw her alive on 8-7- 1935. Death is said to have occurred on the date stated above, at 5 21 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8-5-35 |

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Dr Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin B Hecompte M. D.

(Address) Provident Hosp.

M. D. B 1268-9

15106

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15105

## CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1002 West Pratt St.

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick S. Cunningham

(a) Residence: No. 1002 West Pratt St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Cunningham

6. DATE OF BIRTH (month, day, year) June 7th 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 46 | 2 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Cubningham

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Rosevia Erwin

(Address) 1711 East Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Aug. 10 19 35

19. UNDERTAKER Philip Hering Sons

(Address) 501 E. Lombard St.

20. FILED 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7th 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above 8-A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus,

Date of onset .....

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. J. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-b

F 15106

F 15106

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15106

## CERTIFICATE OF DEATH

× 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna M. Young

(a) Residence: No. North Pk. Rd Hairelenton and Edgecomb St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mortimer Young

6. DATE OF BIRTH (month, day, year) Nov 26 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Andrew Hiltner

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hellman

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mortimer Young (Address) North Pk. Rd Sparks Pk. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Grove Date 8/10/35 19

19. UNDERTAKER Philip Brenzel Sons (Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar

Framington Village, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Poisoning - Mercuric chloride | |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? N. P. Rd. Sparks P.O. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place at home

Manner of injury ingestion of Mercuric Chloride

Nature of Injury Poison - self administered

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

AUG 9 - 1935

Spec.—9-30—A. & Co.—250 Blks.

✓ F 15107

F 15107

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1333 N. Mount ST 15 WARD)

2. FULL NAME Baby Hicks.

(a) RESIDENCE NO. 1333 N. Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | Col | — |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-6-35

| 7 AGE | Years | Months | Days | If LESS than 1 day, 9 hrs. or 10 min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry J Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Hicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Harry J Hicks
(Address) 1333 N. Mount St

15 Filed Aug 9 1935 Thurgood Williams Registrar

G9 1935
1640

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9-35

17

I HEREBY CERTIFY, That I attended deceased from 8/8/, 1935, to ....., 19

that I last saw him alive on 8/5/, 1935

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Mansell Lazarus M. D.

, 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Aug 9 1935

20 UNDERTAKER

ADDRESS

Commissioner of Health.

M. D. F. [illegible] F 15108

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15108

## CERTIFICATE OF DEATH

X 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Sparks

(a) Residence: No. Ridgely Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Bean Sparks

6. DATE OF BIRTH (month, day, year) Aug 23 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward S. Sparks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Wall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Bertha Sparks
(Address) Ridgely, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Atlanta, Md. Date Aug 11, 1935

19. UNDERTAKER Wm J. Tiefenthaler Son
(Address) Hall & Ella Ave

20. FILED 8-1935 [illegible] Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935 to August 8, 1935

I last saw h[illegible] alive on August 5, 1935 Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | 20 yrs. |
| Coronary Thrombosis | 8/4/35 |
| Carcinoma of Stomach | 3/1/34 |
| & diffuse metastases | |

Other contributory causes of importance;

| | |
|---|---|
| Edema of Legs | 4/5/35 |
| Cirrhosis of Liver | 5/3/34 |

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Ober M. D.

(Address) University Hospital Baltimore, Md.

F 15109 ✓ F 15109

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 East Fayette St. Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Scheiner

(a) Residence: No. 2705 East Fayette St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Scheiner

6. DATE OF BIRTH (month, day, year) Dec 27, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 66 | 67 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Joseph Bachter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Kovac

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) John Scheiner 2705 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Aug 12, 1935

19. UNDERTAKER (Address) John A. Mader 2000 E. Balto St.

20. FILED Aug 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to August 6, 1935

I last saw h.. alive on August 6, 1935. Death is said to have occurred on the date stated above, at 1.54 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration. Cardiac Fibrillation | |

Other contributory causes of importance:

Old age

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas Kobbelmann M. D.

(Address) 1576 N Rentalow St

M. D. Bulletin 1-9

15110

# HEALTH DEPARTMENT—CITY OF BALTIMORE 15110

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Everall Avenue St., 27 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Jane Trimble

(a) Residence: No. 611 Everall Avenue St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wessley L. Trimble

6. DATE OF BIRTH (month, day, year) August 21, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 11 | 18 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob A. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susan Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Wessley L. Trimble

(Address) 611 Everall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 8-12-1935

19. UNDERTAKER Albert J. Nitt Jr

(Address) 1 E. Chase Street

20. FILED AUG 9 - 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 30/34, 1934, to Aug 8, 1935

I last saw her alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at 1.30 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1933. |

Other contributory causes of importance:

| | |
|---|---|
| Aortic Aneurysm. | |
| Ch. Nephritis. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) J. S. Hardesty, M. D.

(Address) 4618 Belair Rd.

M. D. B. 1938-9 F 15111

F 15111

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. PULASKI St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SUSAN T. LAWSON

(a) Residence: No. 622 N. PULASKI St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of GEORGE S. LAWSON

6. DATE OF BIRTH (month, day, year) OCT. 25. 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DOMESTIC

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME WILLIAM T. HARVEY

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME SUSAN MABURY

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT Geo. S. Lawson

(Address) 622 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date AUG. 10/35

19. UNDERTAKER H. G. Hopper & Son.

(Address) 1300 EUTAW PLACE

FILED AUG - 1935 19 ..... (Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 7-35

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to Aug. 7, 1935

I last saw h[illegible] alive on Aug. 6, 1935. Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chronic Myocarditis | 1934 |
| Cerebral Hemorrhage | Aug 4 '35 |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Zagnetti, M. D.

(Address) 724 W. Lombard St.

F 15112

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15112

## CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Edmondson Ave (St.) (Ward) 7th

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Elderdice

(a) Residence: No. 2313 Edmondson St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Bertie M. Elderdice

6. DATE OF BIRTH (month, day, year) June 15 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Toys

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Robert B. Elderdice

FATHER

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Cauldron

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. William J. Elderdice

(Address) 2313 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Aug 10 1935

19. UNDERTAKER J. B. Nippert & Son

(Address) 1300 Eutaw Place

20. FILED Aug 9 1935 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to Aug 8 1935

I last saw him alive on Aug 8 1935 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left lung | Nov. 35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Morley Stoag M. D.

(Address) 729 Washington Blvd

M. D. B. 1268-9

F 15113

F 15113

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

66B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Weitzel

(a) Residence: No. 1601 O'Dell Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Weitzel

6. DATE OF BIRTH (month, day, year) Oct. 16 - 1888

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 9 | 24 yr | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Garlock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME May East

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward J. Weitzel
(Address) 1601 Odell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Aug. 12 1935

19. UNDERTAKER Wm. E. Miller & Son
(Address) 2334 Jefferson St.

AUG 9 - 1935 Registrar.

Hunting for Williams, No.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22 1935 to August 8 1935

I last saw her alive on August 8 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hyperthyroidism | |
| 2. Thyro-toxicosis | |

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 8-6-35

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Mayerselle M. D.

(Address) .....

F 15114

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 S. Baylis St. No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... No .....

2. FULL NAME Sarah J. Watson

(a) Residence: No. 1015 S. Baylis St., ..... Ward. ..... X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Watson

6. DATE OF BIRTH (month, day, year) Oct 7-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

MOTHER FATHER

13. NAME Thomas J. Jenkins

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Wm. Friedel

(Address) 1015 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Aug. 10 1935

19. UNDERTAKER George W. Zeibler

(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar

20-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st. 1935 19 ..... to August 7th. 1935

I last saw her alive on Aug 6th. 1935 Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Media Purulent acute | 7/28/35 |

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold Wolfe M. D.

(Address) 1011 S. Ellwood Ave

M. D. P. 8-9 F 15115 ✓ F 15115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

52

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens + Caton St., apt. Ward)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A McAnarney
(a) Residence: No. 2903 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline A McAnarney

6. DATE OF BIRTH (month, day, year) Sept 25-1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 10 | 14 | 13 |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proof Reader
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Paper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Catherine McAnarney
(Address) 2903 W Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 10, 1935

19. UNDERTAKER Albert W Berry & Son
(Address) 440 E Baltimore St

20. FILED Aug 10, 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935, to August 8, 1935.
I last saw him alive on August 8, 1935. Death is said to have occurred on the date stated above, at 10 05 a. m.

The principal cause of death and related causes of importance were as follows: (Duration of onset)
Epithelioma of Skin (Back)

Other contributory causes of importance:
Cachexia
Secondary anemia

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas B Mayer, M. D.
(Address) St Agnes Hospital

M. D. B. F 15116

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15116

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Washington St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katharine Schmidt

(a) Residence: No. 1713 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Geo. Schmidt

6. DATE OF BIRTH (month, day, year) Sept. 22nd 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 10 | 16 | 15 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Louis Lyles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Schmidt
(Address) 1713 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bet. Cemetery Date 8/10 1935

19. UNDERTAKER Fanning & Fore
(Address) 1432 E. Lafayette ave.

20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13 1935, to Aug 7 1935

I last saw her alive on Aug 6 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | July 13/35 |
| Arteriosclerosis - Cerebral | 1933. |

Other contributory causes of importance:

| | |
|---|---|
| Hypostatic pneumonia | July/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. A. Fender M. D.

(Address) 1547 E. North ave.

M. D. B. 1/2

F 15117

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15117

## CERTIFICATE OF DEATH

✓ 175

Registered No. .....

1. PLACE OF DEATH Pronounced dead
CITY OF BALTIMORE: (No. West Baltimore Hosp. St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Smith

(a) Residence: No. 3109 Southern Avenue St., Harford Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Scroggs Rohleder

6. DATE OF BIRTH (month, day, year) October 6, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Smith
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME (Unknown)
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary F. Smith (Wife)
(Address) 3109 Southern Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Aug. 13 1935

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1736 Harford Ave

20. FILED Aug 13 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 (M) m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Comminuted Fracture of Skull | |
| Other contributory causes of importance: | |

Name of operation Autopsy Date of Aug 8 1935
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/8 1935
Where did injury occur? American Ice Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place American Ice Co.
Manner of injury Struck on head by Crank
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner
(Address) 1215 Maryland

M. D. B. 1268-9

15118 HEALTH DEPARTMENT—CITY OF BALTIMORE 15118

# CERTIFICATE OF DEATH

X 54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willis H. Griffith

(a) Residence: No. Bradford Rd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mildred

6. DATE OF BIRTH (month, day, year) 11/9/69

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 9 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

FATHER

13. NAME Thereon Griffith

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Absetta Donaldson

16. BIRTHPLACE (city or town) (State or country) Ill -

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL
Place Bradford Pa Date Aug 10, 1935

19. UNDERTAKER Wm Dickey Sons
(Address) North & Paca.

20. FILED ..... 19..... Registrar.
Huntington Williams, MD

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 - 1935 to Aug 9 - 1935

I last saw him alive on Aug 9 - 1935. Death is said to have occurred on the date stated above, at 7 03 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, benign | Feb '35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Cerebellar exploration Date of 7/17/35

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15119

F 15119

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5003 Eastern Av St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 7 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Bell World War Veteran Army #3116462

(a) Residence: No. 2820 Fort St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 28, 89

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 109 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 2070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 2/38

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER FATHER

13. NAME Randolph Bell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lizzie Thorpe

16. BIRTHPLACE (city or town) (State or country) Prince George Co Va

17. INFORMANT Lizzie Bruce (Address) 2820 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Aug 9th, 1935

19. UNDERTAKER Archibald M. Duffus (Address) 2101 McCulloh St.

FILED AUG 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on July, 19... Death is said to have occurred on the date stated above, at 1 P m (about)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | ? |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. H. Richardson M. D. Coroner

(Address) Coroner

M. D. H. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15120

## CERTIFICATE OF DEATH

93-F 15120

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1540 N. Washington St., 8 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John William Smith

(a) Residence: No. 1540 N. Washington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Smith

6. DATE OF BIRTH (month, day, year) April 2, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 66 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore ~~Md~~ Maryland

FATHER

13. NAME John L. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Caroline Federer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wife

(Address) 1540 N. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Cem. Date Aug. 10, 1935

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED 10 10 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1935 to Aug. 7, 1935

I last saw him alive on Aug 7, 1935 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerotic Cardio-vascular Disease | 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave.

F 15121 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15121

# CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 E. Jefferson St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Thomas F. Edwards

(a) Residence: No. 2505 E. Jefferson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella S. Edwards

6. DATE OF BIRTH (month, day, year) Mar. 24/1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | 5 | 15 | 14 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas J. Edwards

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary E. Harryman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ella D. Edwards

(Address) 2505 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date Aug. 10/35

19. UNDERTAKER E. Miller & Son

(Address) 2334 E. Jefferson St.

AUG 10 1935 19 ... Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to Aug 8 1935

I last saw him alive on Aug 8 1935 Death is said to have occurred on the date stated above, at 12-20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of coronary artery | |
| Instantaneous | |
| Other contributory causes of importance: | |
| Myocarditis | 2 years |
| Chronic Nephritis | 2 years |
| Cardiac Dilatation | |

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. V. Kelly M. D.

(Address) 100 N. Lemmford Ave

M. D. R. 1268-9

F 15122

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15122

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Upton St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Fleming

(a) Residence: No. 1309 Upton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Matthew Fleming

6. DATE OF BIRTH (month, day, year): May 2 1866

7. AGE: Years 69 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: Geo. Brown

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Rebecca —

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Elise Logan
(Address) 1308 Upton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem. Date: Aug 12 35

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED: AUG 10 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935 to Aug 8, 1935

I last saw h[illegible] alive on Aug 8, 1935 Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hank E. Hagner M. D.

(Address) 627 Lexington

F 15123

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. F 15123

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no

2. FULL NAME Harry Johnson

(a) Residence: No. 2545 Madison Ave., Baltimore St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | colored | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Braxton Johnson

6. DATE OF BIRTH (month, day, year) ? 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex Co.
(State or country) Virginia

FATHER

13. NAME James Johnson
14. BIRTHPLACE (city or town) Essex Co.
(State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Hunter
16. BIRTHPLACE (city or town) Essex Co.
(State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/12 ....., 19 35

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED AUG 10 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7 ....., 1935

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1934 to August 7, 1935

I last saw him alive on August 7, 1935. Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, chronic | Unknown |
| Stricture of urethra | 4 yrs |
| Fistula, rectourethral | Unknown |
| Other contributory causes of importance: | |
| Uremia | 7 da. |
| Cardiac arrhythmia | Unknow |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.

(Address) U.S. Marine Hospital

F 15124

F 15124

M. D. H. 1268-5

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

173 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vernon C. Bailey

(a) Residence: No. 1608 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | colred | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Bailey

6. DATE OF BIRTH (month, day, year) Sept 12 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Service

10. Date deceased last worked at this occupation (month and year) Aug 6 35

11. Total time (years) spent in this occupation 4/12

12. BIRTHPLACE (city or town) (State or country) Unknown South Carolina

FATHER

13. NAME Kelly Laney

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Ellen Geist

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Viola Byers (Sister?)

(Address) 1608 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date Aug 11 35

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Prestman st

20. FILED 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) autopsy find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| gun shot wounds | |
| brain & neck. | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Aug 7, 1935

Where did injury occur? Sharon, Baltimore County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home of Jos K. Shaw

Manner of injury Shot at in the dark.

Nature of injury gun shot wounds brain & neck.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. W. Wright M. D.

(Address) 1010 S. Belnord Ave Coroner

10 10 1935 Transcription Filed

Spec. 2-29-28—L. F. S.—500 Bks.

F 15125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15125

## CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2661 Harlem Ave ST., 16 WARD)

2—FULL NAME Mrs. Miriam Ann Sindall.

(a) RESIDENCE NO. 2661 Harlem Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William M. Sindall

7 DATE OF BIRTH (month, day, and year): Feb. 16, 1849

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 5 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. ~~Odd~~

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Co.

10 NAME OF FATHER: George Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Catherine Casey.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co.

Informant: Mrs. Laura Underwood.

(Address): 2661 Harlem Ave

Filed AUG 10 1935, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7, 1935.

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1935, to Aug 7, 1935

that I last saw her alive on Aug 7, 1935

and that death occurred, on the date stated above, at 4 07 P. m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia.

~~Odd~~

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? None Date of ~

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) George E. Shannon, M. D.

8/8, 1935 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: Aug 10, 1935

20 UNDERTAKER: Wm. J. Tickner & Son

ADDRESS: W 8 Pa Ave

M. D. B. 1268-9

15126

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15126

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 St. Paul St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Earle Hager

(a) Residence: No. 707 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) July 21 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 0 | 17 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator ad 43

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw hat factory

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Amos W. Hager

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Mary O'Loughlin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary Hager (mother)

(Address) 5010 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Park-Cand Co. Date Aug 10, 1935

19. UNDERTAKER Wm J Tuckner & Son

(Address) 1 North Pa Ave

20. FILED OCT 10 1935, 19 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis chronic | |

Other contributory causes of importance:

acute gastritis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Wright M. D.

(Address) 1010 S. Belnord Ave. Coroner

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15127 15127

## CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Dunall ave. St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Noah Linthicum

(a) Residence: No. 3403 Dunall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Genevieve A. Linthicum

6. DATE OF BIRTH (month, day, year) Oct. 3 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 10 | 31 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commission Merchant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME William Henry Linthicum

14. BIRTHPLACE (city or town) (State or country) Linthicum Heights, Md.

MOTHER

15. MAIDEN NAME Elizabeth Mulligan

16. BIRTHPLACE (city or town) (State or country) Baltimore City, Md.

17. INFORMANT Genevieve A. Linthicum
(Address) 3403 Dunall St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 13, 1935

19. UNDERTAKER Wm. J. Turner & Sons
(Address) North & Penn. Aves.

AUG 10 1935

20. Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above, about 1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Coronary Thrombosis, | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) C. Harry Hanauer, M. D.
Coroner

(Address) 128 Hanauer

128

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15128

## CERTIFICATE OF DEATH

106-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Bonner Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene DeCoursey Johnson

(a) Residence: No. 3909 Bonner Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Johnson

6. DATE OF BIRTH (month, day, year) July 8, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 0 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Wire Co

10. Date deceased last worked at this occupation (month and year) Feby 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

MOTHER

15. MAIDEN NAME Elixabeth Rogers

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT Mrs. Blanche Johnson
(Address) 3909 Bonner Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 10, 35

19. UNDERTAKER Wm J. Tyckner & Son
(Address) North & Penna Ave.

20. FILED 19 [illegible] Register

AUG 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to August 7 1935

I last saw him alive on August 1 1935 Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic bronchiectasis with atelectasis and resulting cachexia | Jan. 1935 |
| Other contributory causes of importance: Anorexia and malnutrition | May 1935 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) S. Reudig Wallace M. D.
(Address) 2839 Wallbrook Ave.

F 15129 ✓ F 15129

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Maryland General Hospital Registered No.
CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Baby Girl Burnabus
(a) Residence: No. 708 West Lexington St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, 8 hrs. or 50 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md.
(State or country)

FATHER
13. NAME William T Burnabus
14. BIRTHPLACE (city or town) Mass
(State or country)

MOTHER
15. MAIDEN NAME Ruth Chubbuck
16. BIRTHPLACE (city or town) Mass
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Gen Hosp Date 8/8/35

19. UNDERTAKER
(Address)
8 10 1935 Huntington Williams, M.D.
Registrar.

NW.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-7-35, 19..., to 8-7, 1935
I last saw her alive on 8-7, 19 35. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other contributory causes of importance: Maternal Syphilis | |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of No
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) John N Ramsby M. D.
(Address) Maryland General Hosp

15130 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15130

## CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Graetzel

If U. S. Veteran specify WAR

(a) Residence: No. 2234 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 4 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bremen, Germany

13. NAME Henry F. Graetzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margt. Sturke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital files

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Cemetery Date 8/12/35

19. UNDERTAKER Fred Lazenby Sons

(Address) 7401 Belair Road

FILED AUG 12 1935 Aug 12 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/4 1934 to 8/8 1935

I last saw h[illegible] alive on 8/8 1935 Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 1 day |
| Arteriosclerosis | ? |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

Stephen Spicer

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15131 — CERTIFICATE OF DEATH — 131 — F 15131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 E. 20th St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Spicer

(a) Residence: No. 16 E. 20th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Spicer

6. DATE OF BIRTH (month, day, year) Aug 15th 1863

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 71 72 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Hannah Griffin

(Address) 16 E 20th St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date 8/10 1935

19. UNDERTAKER Rayner, Sanders

(Address) 1413 E. Preston St

20. FILED ... 19 ... Registrar ... Deputy Registrar

AUG 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28th 1935 to Aug 7th 1935

I last saw him alive on Aug 7th 1935 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cardiorheumatism | |
| Nephritis | |
| Other contributory causes of importance: Uremia & Exhaustion | |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. H. Lamentopoli M. D.

(Address) 2215 N. Charles Ave.

8/7/35

M. D. P. 1268-9

F 15132 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15132

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH St agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St., ave 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Gaylor

(a) Residence: No. 2231 Annapolis ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) April 23-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles A. Gaylor

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Dorthy Bissel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas A Gaylor

(Address) 2231 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 10th 1935

19. UNDERTAKER Chas Brooks & Son

(Address) 6 Holbert st

AUG 9 1935

19 Armitage for Commissioner

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5 1935 to August 9 1935

I last saw him alive on August 9 1935 Death is said to have occurred on the date stated above, at 4 02 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastroenteritis | 7/12/35 |
| Otitis media (left) | 7/15/35 |
| Otitis media (right) | 7/16/35 |

Other contributory causes of importance:

| | |
|---|---|
| Dehydration | 7/16/35 |
| Toxemia | 7/17/35 |
| Convulsions | 7/18/35 |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas B Mayer M. D.

(Address) St Agnes Hospital

F 15133

F 15133

# HEALTH DEPARTMENT—CITY OF BALTIMORE

302439 med

## CERTIFICATE OF DEATH

34-E-179

1. PLACE OF DEATH Johns Hopkins Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Hartley

(a) Residence: No. Large Farm Road St., Edgemere, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude (Jane)

6. DATE OF BIRTH (month, day, year) April 2, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 37 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Hartley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Gustason

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Cavalry Cem Date 8-11-1935

19. UNDERTAKER Baughman & Wright (Address) 2[illegible] Eutaw St.

20. FILED AUG 10 1935 19... [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935 to Aug 7 1935

I last saw him alive on Aug 7 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

acute myelitis
due to anaplexamine
reaction
Terminal lobular pneumonia

Date of onset

Other contributory causes of importance:
C.N.S. lues

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carmichael Lilly Lucas, M. D.

(Address) Johns Hopkins Hospital

F 15134

D. 15134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Philadelphia & North Point St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Ely Conklin

(a) Residence: No. U. S. Navy Annapolis, Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1901

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| About 34 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Navy Recruiting Station
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place Arlington Nat Cem. Date 8-12-35

UNDERTAKER Wendell E. Humphreys
(Address) 501 N. Broadway.

FILED AUG 10 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet wound of brain and heart. | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 22 1935
Where did injury occur? Philadelphia & North Point Rds. Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In Car Eastern at some place
Manner of injury Pistol shot.
Nature of injury Bullet wound of brain & head.

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Mervyn M. D.
Coroner
(Address) 1919 E. North Ave.

5135

# HEALTH DEPARTMENT—CITY OF BALTIMORE

W 15135

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 326 S. Poppleton St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. 40 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Coolahan
(a) Residence: No. 406 S. Poppleton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced, HUSBAND of (or WIFE of): Malachi Coolahan
7. DATE OF BIRTH (month, day, year): Sept 9th 1878
8. AGE: Years: 56; Months: 10; Days: 30; If LESS than 1 day, ..... hrs. or ..... min.: 29
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
11. Date deceased last worked at this occupation (month and year): .....
12. Total time (years) spent in this occupation: .....
13. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.
14. NAME: Albert Reimerdinger
15. BIRTHPLACE (city or town) (State or country): Germany
16. MAIDEN NAME: Unknown
17. BIRTHPLACE (city or town) (State or country): Germany
18. INFORMANT (Address): Mr. Frank Coolahan 406 S. Poppleton ST
19. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Cem. Date 8/12 1935
20. UNDERTAKER (Address): John Corcoran & Son 901 Stellman St
Huntingtown Prince Georges MD
Registrar.

AUG 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 8. 1935
22. I HEREBY CERTIFY, That I attended deceased from July 22. 1935 to Aug. 8. 1935
I last saw her alive on Aug. 8. 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 8/8/35 |
| | |
| | |

Other contributory causes of importance: None

Was an operation performed? Yes. Date of July 9. 1935
For what disease or injury? Fracture Patella
Name of operation —
What test confirmed diagnosis? Physical Was there an autopsy? No
Date of 7/9/35

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. Sexton, M. D.
(Address) 888 Eutaw St

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15136

## CERTIFICATE OF DEATH

82-6F 15136

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St, 10-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Lewis

(a) Residence: No. 732 N. Spring St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Agnes W. Lewis

DATE OF BIRTH (month, day, year) May 31, 1890

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 2 | 7 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Virginia

13. NAME Albert Lewis

14. BIRTHPLACE (city or town) (State or country) Fairfield Virginia

15. MAIDEN NAME Lottie Blackwell

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Agnes W. Lewis

(Address) 501 Brookhill road Relandfast

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 11th 1935

UNDERTAKER Mrs Robert Elliott - Daughter

(Address) 1129 Caroline st

FILED AUG 10 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Whedbee M. D.

Coroner

(Address) 1919 E. North Ave

M. D. P. 1768-9

15137 HEALTH DEPARTMENT—CITY OF BALTIMORE 15137

30210 3

# CERTIFICATE OF DEATH

Registered No. ✓ 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley Sewell

(a) Residence: No. 609 N Central ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-10-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Sewell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Shirley Mare

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 8/12/1935

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

20. FILED AUG 10 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935 to Aug 8, 1935

Last saw her alive on Aug 8, 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Hemingtis - Tuberculous about July 20 m

Date of onset

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

Spec.—1-12-[illegible] MAT-[illegible]

F 15138

F 15138

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-a

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Wilsby Ave. ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Frenchan Reaney

(a) RESIDENCE NO. 4012 Wilsby Ave. ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Virginia Reaney

6 DATE OF BIRTH (month, day, and year) Feb 16, 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 5 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 0050

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander Reaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Forsythe

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. L. Virginia Reaney (Address) 4012 Wilsby Ave

15 Filed JY 11 1935 19 Mrs. Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-9-1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. ..., 19 35 to Aug. 9 ..., 19 35, that I last saw h/m alive on Aug 9 ..., 19 35, and that death occurred, on the date stated above, at 10 15 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

(duration) 5 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis Willis, M. D.

, 19 (Address) 616 Dumbarton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Aug 12 1935

20 UNDERTAKER Chas. E. Franch ADDRESS 808 Madison

Spec.—6-[illegible] [illegible] Blks.

F 15139

F 15139

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 82-N

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 564 Dolphin ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Wright

(a) RESIDENCE No. 564 Dolphin ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Wright

6 DATE OF BIRTH (month, day, and year) June, 1880

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 1 | ? | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Household duties 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte N.C.

PARENTS

10 NAME OF FATHER John Davison

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

11 Informant Flossie Sawyer

(Address) 564 Dolphin Street

15 Filed AUG 11 1935 Huntington Halligan, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9/35 19

17 I HEREBY CERTIFY, That I attended deceased from 7/22/35, 19, to 8/9/35, 19, that I last saw her alive on 8/9/35, 19, and that death occurred, on the date stated above, at 10.05 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension

Unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. A. Harris, M. D.

8/10 1935 (Address) 1200 Penn. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Aug 11th 1935

20 UNDERTAKER: Archibald A. Laddis

ADDRESS: 2031 Eutaw St

F 15140

M. D. F. 1268-9

F 15140

# HEALTH DEPARTMENT—CITY OF BALTIMORE

301022 Med

## CERTIFICATE OF DEATH

62

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susie Smith

(a) Residence: No. 2259 Madison Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2087

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Eddie Henderson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 11th, 1935

19. UNDERTAKER Archibald L. Gaddis (Address) 2101 Pt. Baltimore St.

20. FILED Aug 12 1935 Hamilton Fox Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 10 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to Aug. 10, 1935

I last saw her alive on Aug 10, 1935. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ulcerative colitis | April '35 |
| Stricture, ulcerative, sigmoid | |
| Peritonitis, acute | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harrison Wilkinson, M. D.

(Address) Johns Hopkins Hospital

M. D. B. F 15141 ✓ F 15141

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irma M. Bennett, (Bennett) If U. S. Veteran specify WAR .....

(a) Residence: No. 1215 N. Milton ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vernon A Bennett

6. DATE OF BIRTH (month, day, year) April 5 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph Leschefsky

14. BIRTHPLACE (City or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Weinacht

16. BIRTHPLACE (City or town) Baltimore (State or country) Md.

17. INFORMANT Vernon N. Bennett
(Address) 1215 N. Milton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Dallo. Cem. Date Aug. 12 1935

19. UNDERTAKER Philip Herring Sons
(Address) 508 Gilmor st

FILED AUG 11 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12.20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Harlem ave

M. D. B. F 15142

F 15142

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

163

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 2 Yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Meyer Eisner
(a) Residence: No. 2316 W. Baltimore St Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha C. Eisner

6. DATE OF BIRTH (month, day, year) 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Eisner
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holen Ridge Cem. Date 8/11/35 19

19. UNDERTAKER Fast & Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED AUG 11 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drinking Liquid Poisen (Carbolic Acid) | |

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug. 5, 1935
Where did injury occur? 862 W. Balto. St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. K. Wallace, M. D.
Coroner
(Address) 2737 W. North Ave

M. D. F. No. F 15143 ✓F 15143

802334 / Med

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 51-C

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dwight Pratt

(a) Residence: No. 206 N. Baltimore St., ..... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown Emma

6. DATE OF BIRTH (month, day, year) April 21, 1878

7. AGE — Years: 57 | Months: 3 | Days: 19 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchandise broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME unknown Albert J. Pratt

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown Harriet Joy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lowell, Mass. Date Aug 14 1935

19. UNDERTAKER Wilson Corp

(Address) 1217 St Paul St

20. FILED AUG 14 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935 to Aug 10, 1935

I last saw him alive on Aug 10, 1935. Death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of adrenal glands | Mo. Yr. |
| Addison's Disease | |
| Acute Appendicitis | 8/1/35 |
| Other contributory causes of importance: | |
| 2 Carcinoma of prostate | 2 |

Name of operation Appendectomy Date of 8/10/35

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry O. Stabler M. D.

(Address) The Johns Hopkins Hospital

Spec. Cert. No. F 15144 Bks.

F 15144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

87-a

REGISTERED NO...

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3004 Ellerslie Ave (ST.) 9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry A Wilkins

(a) RESIDENCE. NO. 3004 Ellerslie ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Mary A Wilkins

6 DATE OF BIRTH (month, day, and year) March 4th 1876

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 5 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bel to Md

PARENTS

10 NAME OF FATHER Charles Wilkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ida Sunderland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mary A Wilkins 3004 Ellerslie Ave.

15 Filed AUG 11 1935 Huntington Williamsport, W. Va.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 1935 to Aug 8 1935

that I last saw him alive on Aug 7 1935

and that death occurred, on the date stated above, at 10 55 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rydael M. D.

Aug 7 1935 (Address) 8 S Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Burial

DATE OF BURIAL Aug 13 1935

20 UNDERTAKER William Cook

ADDRESS 1217 E Fayette St

M. D. B. 126

F 15145

F 15145

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 E. Monument St., 1/2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Virginia Grubb

(a) Residence: No. 2617 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Edwin Grubb

7. DATE OF BIRTH (month, day, year) Oct. 5, 1913

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Harry L. Domm

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Pearl V. Siford

16. BIRTHPLACE (city or town) (State or country) Charlestown, W. Va.

17. INFORMANT (Mother) Pearl L. Domm

(Address) 2617 E. Monument.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt Date 8/13/ 1935

19. UNDERTAKER Wm McCorkle

(Address) 1217 St Paul St

20. FILED Huntington W. Va. 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1935, to Aug 10, 1935

I last saw her alive on Aug 10, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Rheumatic Fever | March 26, 1935 |
| Other contributory causes of importance: | |
| Rheumatic Endocarditis | 3/26/35 |
| Cerebral Embolus | 8/9/35 |

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno. B. Egbert M. D.

(Address) 2902 Harford Ave.

M. D. No. 2268 F 15146

✓ F 15146

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH St Josephs Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Flora Alexander

(a) Residence: No. 5829 Belair Road St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 31 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 6 | 4 | 19 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Butte Mt

13. NAME Earle Alexander

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helen Reuse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 5829 Belair Road

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Aug 12 1935
Place

19. UNDERTAKER Jos J Templeton & Son
(Address) 3001 Eastern Ave

20. FILED Aug 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11 1935 9:40 P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Undertaker's Autopsy or Inquest) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury August 11 1935

Where did injury occur? Belair Road & Belair Road
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Roadway

How injury occurred Hit by part of car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signature Helen E. Mitchell Coroner, M. D.

(Address) 1 W. Pleasant St.

M. D. B 1268-9

F 15147 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15147

# CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Josephs Hospital, 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie D. Boyd.
(a) Residence: No. 2018 Kennedy Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hubert H. Boyd.

7. DATE OF BIRTH (month, day, year) April 29, 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64. | 3 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 2037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.
13. NAME John E. Mooney.
14. BIRTHPLACE (city or town) (State or country) md.
15. MAIDEN NAME Mary J. Robinson.
16. BIRTHPLACE (city or town) (State or country) md.
17. INFORMANT Hubert H. Boyd.
(Address) 2018 Kennedy Ave.
18. BURIAL, CREMATION, OR REMOVAL Woodland Park. Date Aug 12 1935
19. UNDERTAKER Thompson & Son.
(Address) 3615 Pinkston Ave.

FILED AUG 13 1935 [illegible] for [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:25 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schuntzer, M. D. Coroner
(Address) 1719 E. North Ave.

F 15148

~~F 15148~~ 250 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4409 Towanda Ave ST. (WARD) 12

2-FULL NAME Mary Katherine Shoemaker

(a) RESIDENCE NO. 4409 Towanda Ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

No. Service

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow. |

6 If married, widowed, or divorced HUSBAND of or) WIFE of Solomon Shoemaker

DATE OF BIRTH (month, day, and year) April 11, 1858

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 77 | 3 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm. F. Fowble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliz Beach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs. Katherine Gardner
(Address) 4409 Towanda Ave

Filed AUG 11 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1931 to August 10 1931.

that I last saw her alive on August 9, 1931,

and that death occurred, on the date stated above, at 8 25 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-renal disease with cerebral hemorrhage

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Hudson E. Stacy, M. D.

, 19 (Address) 2012 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vincent Cem. Catonsville Md.

DATE OF BURIAL 8/12 1935

UNDERTAKER Herman Lemmon

ADDRESS 4611 Park Heights

F 15149 ✓ F 15149

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 706 E. Randall St., 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret A. Brady

(a) Residence: No. 706 E. Randall St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard A. Brady

7. DATE OF BIRTH (month, day, year): Nov. 20-1876

8. AGE: Years: 58 | Months: 8 | Days: 18 | If LESS than 1 day, ..... hrs. or ..... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME OF FATHER: James Farrell

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME OF MOTHER: Johanna Ryan

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr Bernard Brady
(Address): 706 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Aug. 12- 35, 19

19. UNDERTAKER: Margaret F. Flynn
(Address): 1111 Hoyt St.

20. FILED ..... 19..... Registrar.
AUG 1 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 8- , 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to Aug. 8 1935

I last saw h[er] alive on Aug. 8 1935 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 2 wks. |
| nephritis | 1933 |
| Arteris - sclerosis | 1933 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. Osborne Smith M. D.

(Address) 817 Park ave.

F 15150

F 15150

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 89-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Herman Thomas Pyle (Florence B.) If U. S. Veteran specify WAR

(a) Residence: No. 143 Thomas St St., Ward. Bel Air Md (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Widowed |

6. If married, widowed, or divorced HUSBAND of Herman Thomas Pyle (D). (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 18th, 1860

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 11 | 8 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Mr. James Monks

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Miss Gertrude Goff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Herman Thomas Pyle

(Address) Bel Air Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hebron Date Aug. 13, 1935

19. UNDERTAKER H. B. Bailey

(Address) Darlington, Harford Co., Md.

20. FILED AUG 11 1935 Huntington Williams, Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1935, to Aug 11th, 1935

I last saw her alive on Aug. 10th, 1935 Death is said to have occurred on the date stated above, at 10:12 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mastoiditis - acute and chronic | 1½ yrs. |
| Arteriosclerotic Heart Disease | ? |

Other contributory causes of importance:

Cervical adenitis

Was an operation performed? Yes Date of 7/14/35

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy Date of 7/14/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Murray McFarland M. D.

(Address) Union Memorial Hosp.

M. D. B 126

F 15151

F 15151

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Keys

If U. S. Veteran specify WAR

(a) Residence: No. 1622 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora

6. DATE OF BIRTH (month, day, year) Sept 14 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 48 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

FATHER

13. NAME Henry Keys

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Annie Chambers

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Cora Keys

(Address) 1622 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/11/35 19

19. UNDERTAKER Wm. Geo. H. Hardesty

(Address) 631 Druid Hill Ave

20. FILED AUG 11 1935 19 E. F. Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Chronic Myocarditis Syphilis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Wright M. D.

Coroner

(Address) 1 E. Lexington Ave

F 15152

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15152

## CERTIFICATE OF DEATH

✓145-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... No

2. FULL NAME Madeline Prince

(a) Residence: No. 212 E. 20th St., ..... Ward. ..... X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Prince

DATE OF BIRTH (month, day, year) August 13, 1905

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| 29 ~~35~~ | | 11 | ~~27~~ 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 5-

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mary Grosinsky

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Morgant?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George Prince

(Address) 212 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8/12/35 19

19. UNDERTAKER George J. Pfeltz Sons

(Address) 1705 N. Fulton Ave.

20. FILED AUG 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1935

22. I HEREBY CERTIFY. That I attended deceased from August 1, 1935 to August 9, 1935

I last saw her alive on August 9, 1935 Death is said to have occurred on the date stated above, at 1 5/12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Sepsis | 8-3-35 |
| Peritonitis | 8-3-35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M. Catherine Waller M. D.

(Address) Baltimore City Hospitals

Spec. 6-9 B R [illegible]

F 15153

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15153

53-E

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.....

CITY OF BALTIMORE: (No. 4003 N. Charles St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Streett

(a) RESIDENCE. No. 4003 N. Charles St., Ward. If U. S. Veteran.....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? Specify War 20 ds

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of: David F. Streett

6 DATE OF BIRTH (month, day, and year): Nov 26th 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 8 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): ——— Good

(c) Name of employer: ———

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs. Backer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Katherine Woolford

(Address) 4003 N. Charles St

15 Filed 12 1935, 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10th 1935

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to Aug 10, 1935, that I last saw her alive on Aug. 9, 1935, and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

Cancerous — intra abdominal

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What was confirmed diagnosis? Myocarditis heart

(Signed) [illegible] M. D.

, 19 (Address) #12 E Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Mausoleum

DATE OF BURIAL: 8/12/1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

F 15154

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15154

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4208 Belvieu Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Augusta Jones
If U. S. Veteran specify WAR .....

(a) Residence: No. 4208 Belvieu Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Henry C. Jones.

7. DATE OF BIRTH (month, day, year) Nov. 7, 1858

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 9 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va

13. NAME Thomas Cuthbert

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mildred Dunn

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs. Grace Dyke
(Address) 4208 Belvieu Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 13 35

UNDERTAKER Wm. Tucker & Sons
(Address) North & Pulaski

FILED 12 1935 Huntington Williams, Asst. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1935, to Aug 9, 1935. I last saw h.. alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilitation of heart | Aug 9/35 |
| Arteriosclerosis | 9 |
| Hypertension (from personal knowledge since Apr 2/35 - chronic interstitial nephritis 8 | |
| Other contributory causes of importance: Myocarditis - since Apr 2/35. | |

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter S. Hubbitt M. D.

(Address) 2220 Harrison Blvd.

F 15155

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15155

93-D

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. A. Cathcart.

(a) Residence: No. 128 Dulton St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 3, 1877

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 0 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jos. W. Cathcart.

14. BIRTHPLACE (city or town) (State or country) Harford Co Md.

15. MAIDEN NAME Mary E. Winters

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

INFORMANT Mrs Mary E. Cathcart

(Address) 128 N. Dulton St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 03 1935

UNDERTAKER Wm. H. Miller Sons

(Address) North & Fayette

FILED AUG 5 1935 Huntington Williams Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1934 to 8/10 1935

I last saw him alive on 8/10 1935 Death is said to have occurred on the date stated above, at 10 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

F 15156

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15156

## CERTIFICATE OF DEATH

✓ 48

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2941 Gibbons Ave St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. 11 mon. 23 da. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME Ida Elizabeth Susanna Battee

If U. S. Veteran specify WAR .....

(a) Residence: No. 2941 Gibbons Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Battee

DATE OF BIRTH (month, day, year) Aug 15 1869

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 11 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME W. F. Floyd

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Turner

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT George Battee

(Address) 2941 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL Place Forest Park Cem Aug 12 1935

19. UNDERTAKER Wm J Tucker & Son

(Address) North & Penna Aves

20. FILED Aug 13 1935 Harrington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2nd 1935 to Aug. 8 1935

I last saw h.. alive on Aug 8 1935. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus & metastases | |
| Pneumonia | Aug. 6-35 |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank DeVirgilio M. D.

(Address) 1112 St Paul St

M. D. B. No. F 15157

F 15157

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x V 46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Beck

(a) Residence: No. Sparrows Pt. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Gladys Beck

DATE OF BIRTH (month, day, year) April 18 1884

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 3 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder in steel mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Aaron Beck

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Gladys Beck

(Address) 4014 Eastern Ave

BURIAL, CREMATION, OR REMOVAL.

Place Loudon Pk Date Aug 12 1935

UNDERTAKER John Welsh

(Address) 2008 Orleans St

FILED Aug 12 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1935

22. I HEREBY CERTIFY, That I attended deceased from August 4 1935 to August 10 1935

I last saw him alive on August 10 1935. Death is said to have occurred on the date stated above, at 6.34 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | Aug. 7 |
| Carcinoma - small bowel (Symptom 2 yrs Duration) | |

Other contributory causes of importance:

Name of operation Exploratory Lateral entero-anastomosis Date of Aug 6

What test confirmed diagnosis? Exploratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elliott Mendelson M. D.

(Address) Sinai Hospital

F 15158

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15158

## CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Vance

(a) Residence: No. 916 Rosedale St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Mae Vance

DATE OF BIRTH (month, day, year) 1-1-1866

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | ? 7 | ? 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyers & Cleaning & Cleaning

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ? 10 Yrs

12. BIRTHPLACE (city or town) ? (State or country) Indiana

13. NAME Samuel Vance

14. BIRTHPLACE (city or town) ? (State or country) Ohio

15. MAIDEN NAME Rebecca Anderson

16. BIRTHPLACE (city or town) ? (State or country) Ohio

INFORMANT Patient

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pat Cem Date Aug 12-35

UNDERTAKER J. B. Stuber & Son

(Address) 1300 Eutaw Place

FILED 12 1935 19 .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/5, 1935 to 8/9, 1935

I last saw him alive on 8/9, 1935 Death is said to have occurred on the date stated above, at 9 25 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphoid leukaemia | 6 mo. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

I. D. B 1268-9

15159 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15159

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1749 N. Castle St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wesley Baynes

(a) Residence: No. 1749 N. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eunice Baynes

DATE OF BIRTH (month, day, year) 1861

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 74 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 00 15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Baynes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eunice Parlett

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Eva O'Conlon

(Address) 1749 N. Castle St.

BURIAL, CREMATION, OR REMOVAL

Place Baltobern Date Aug 12th, 1935

UNDERTAKER Leo G. Jacob

(Address) 1703 N. Patterson Park Ave.

FILED AUG 12 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Carl Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

H. D. B 1268-9

F 15160

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15160

## CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Castle St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma B. Byrnes

(a) Residence: No. 1603 N. Castle St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Byrnes

DATE OF BIRTH (month, day, year) 1878

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME John Pohl

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Katherine Hueber

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT John Byrnes

(Address) 1603 N. Castle St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 12th 1935

UNDERTAKER Leo G. Brook

(Address) 1705 W Pratt Park ave

FILED Aug 12 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cholecystitis | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 911 E. North Ave.

F 15161 F 15161

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Anna Katz

(a) Residence: No. 739 S. Linwood, Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced (or) WIFE of Late Wm. Katz

DATE OF BIRTH (month, day, year) Aug. 20, 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 11 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Kluber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliz. Kronberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mercy Hosp. Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Aug 13 1935

19. UNDERTAKER Lilly & Zentgraf

(Address) 407 N. Monroe

20. FILED 1935 Pennington Williams Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1935 to Aug. 10, 1935

I last saw her alive on Aug. 10, 1935 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyonephrosis | |
| Ureteral Kink | |

Other contributory causes of importance:

Was an operation performed? yes Date of Aug. 8, 1935

For what disease or injury? Pyonephrosis.

Name of operation Incision & Drainage Date of Aug 8, 35

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Layton M. D.

(Address) Mercy Hospital

M. D. R. 1268-b

F 15162

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15162

## CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Bruce St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Christy

(a) Residence: No. 608 Bruce St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col | Widow |

6. If married, widowed, or divorced
[redacted] WIFE of Jas Christy

DATE OF BIRTH (month, day, year) Mar. 17 1870

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | + | - 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Mrs Ragsdale

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Pitts

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jane Christy
(Address) 608 Bruce

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Aug 13 1935

UNDERTAKER Walter B Sapp
(Address) 137 W Baltimore St

FILED Aug 12 1935 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Aug 9 1935

I last saw her alive on Aug 9 1935 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hawkins Williams M. D.

(Address) 627 Eighteen

F 15163

F 15163

# HEALTH DEPARTMENT—CITY OF BALTIMORE

51-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Ambassador Apts St., 17 Ward)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 61 yrs. 5 mos. 3 ds.

2. FULL NAME Robert Claiborne Hale

NO WAR SERVICE

(a) Residence: No. Ambassador Apts St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Quinby Hale

7. DATE OF BIRTH (month, day, year) March 8-1874

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 5 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr's Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. Lorillard Co.

10. Date deceased last worked at this occupation (month and year) Nov-1934

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Rocky Mount Virginia

13. NAME OF FATHER W. Giles Bruce Hale

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME OF MOTHER Josephine Claiborne

16. BIRTHPLACE (city or town) (State or country) Rocky Mount Virginia

17. INFORMANT Mrs Henrietta Q Hale (wife)

(Address) Ambassador Apts.

18. BURIAL, CREMATION, OR REMOVAL Place Rocky Mount - Va. Date Aug-13 1935

19. UNDERTAKER Elwood Mortuary Co.

(Address) 108 W Franklin Ave.

20. FILED Aug 12 1935 Clifton Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Aug 11 1935.

I last saw him alive on Aug 10 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate and Bladder, with metastases to Lungs | Jan 1934 |

Other contributory causes of importance:

Name of operation None Performed Cystoscopy & X-Ray

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gibson Porter, M. D.

(Address) 4822 Roland Ave

F 15164

F 15164

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret Cummings

(a) Residence: No. 1207 North Washington St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 24, 1934

| 8. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 1 | 0 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Arthur Cummings

14. BIRTHPLACE (city or town) City (State or country)

15. MAIDEN NAME Barbara Russ

16. BIRTHPLACE (city or town) City (State or country)

17. INFORMANT Mrs. Barbara Cummings

(Address) 1207 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 8/14, 1935

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 Lafayette Ave.

AUG 12 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935 to August 10, 1935

I last saw her alive on August 10, 1935. Death is said to have occurred on the date stated above, at 10-20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Malnutrition | |
| 2. Gastro-enteritis | |
| 3. Ind anaemia | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wagenella, M. D.

(Address)

F 15165 F 15165

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Catherine Perry

(a) Residence: No. 1807 W. Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Perry

7. DATE OF BIRTH (month, day, year) Aug 22 1876

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 11 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Flaherty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget O'Neil

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug. 13. 1935

19. UNDERTAKER Martin Fahey & Sons

(Address) 1209 N. Eutaw St. Balto.

FILED 1935 Registrar.

C 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th 1935 to Aug 10th 1935

I last saw h alive on Aug 10th 1935 Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | 8/8/35 |
| Hypertensive Cardio-vascular disease | ? |

Other contributory causes of importance:

| | |
|---|---|
| Gangrene of intestine | ? |
| Fibroid myocarditis | ? |

Was an operation performed? yes Date of 8/8/35

For what disease or injury? Intestinal obstruction

Name of operation Resection of intestine Date of 8/8/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel P Robinson M. D.

(Address) Mercy Hosp

F 15166 F 15166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Branning

(a) Residence: No. 8 91 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 4, 1888

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 0 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Henry Branning

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Mary Roche

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Horace Reed

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Aug 14 1935

19. UNDERTAKER E A Branning

(Address) 1160 Pennsylvania Ave

20. FILED AUG 12 1935 Huntingtown Calvert Co Md

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1935, to Aug 11, 1935

I last saw h alive on Aug 11, 1935 Death is said to have occurred on the date stated above, at 11 40 P m.

The principal cause of death and related causes of importance were as follows:

Appendiceal Abscess — Date of onset Sept 1934

Other contributory causes of importance:

Pelvic Abscess

Diabetes Mellitus

Was so operation performed? Yes Date of 8/7/35

For what disease or injury? Appendiceal Abscess

Name of operation Pelvic Laparotomy Date of 8/11/35

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard L. Zepp M. D.

(Address) Mercy Hospital

F 15167

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 E. Hoffman St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie M. Morloot

(a) Residence: No. 2006 E. Hoffman St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Morloot

7. DATE OF BIRTH (month, day, year) Oct. 12, 1896

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 9 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 4

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward L. McGinnis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Hattie M. Hatton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edward M. McGinnis

(Address) 2006 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Aug 13, 1935

19. UNDERTAKER Elmer M. Godfrey

(Address) 924 E. Lafayette St

20. FILED 12 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935 to August 9, 1935

I last saw her alive on August 9, 1935. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 1935 |
| Other contributory causes of importance: Terminal Bronchopneumonia | Aug. 1, 1935 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Samuel B. Wolfe, M. D.

(Address) 1331 E. Northfore.

F 15168 ✓ F 15168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sherman Davis.

(a) Residence: No. 535 Lafayette Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 7 1889

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 46 | 1m | 5 d | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Augustus Davis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Rachel Brown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Patricia Mann

(Address) 535 N. Fayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Rural Retreat Va Date Aug 12 1935

UNDERTAKER Sam'l H. Chase & Son

(Address) 628 N. Calvert

FILED Aug 12 1935 Huntington Dilg Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1935, to 8/11, 1935

I last saw him alive on 8/11, 1935 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung with abscess formation | May 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) H. A. DeSantelle M. D.

(Address) Baltimore City Hospitals

M. D. F. 1268-9

✓ F 15169

15169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland St., 27 Ward)

Length of residence in city or town where death occurred 4 yrs. 9 mos. ds. How long in U. S. If of foreign birth? 6 yrs. 6 mos. ds.

2. FULL NAME Sister M. Patricia McCarthy

(a) Residence: No. 5712 Roland Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Oct 13, 1906

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 28 | 9 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Kilcoolaghty County Cork Ireland

13. NAME Dennis McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Galter

16. BIRTHPLACE (city or town) (State or country) Ireland Woburn

17. INFORMANT Sister Mary Eulogia

(Address) 5712 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 13, 1935

19. UNDERTAKER Henry W. Meagher Son

(Address) 208 N. Calvert St.

20. FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY That I attended deceased from March 1935 to Aug 11, 1935

I last saw her alive on Aug 10, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Lungs | Feb 1934 |
| Other contributory causes of importance: Empyema, Tuberculous | April 1935 |

Name of operation Thoracoplasty Date of operation May 5, 1934 July 13, 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. E. Arnold M. D.

(Address) Lutrow Apts.

M. D. B 1268-9

15170 F 15170

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 E. Lexington St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Lyons

(a) Residence: No. 1127 E. Lexington St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — none

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| about | 20 | — | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Winston Salem North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date AUG 12 1935 19

19. UNDERTAKER Commissioner Health

(Address) By [illegible]

20. FILED AUG 12 1935 [illegible] Registrar

1644

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis (Acute type) | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury. .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? X If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave Coroner

F 15171

5171 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 13 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Carter

(a) Residence: No. 5311 Denmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | B | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/30/35

| AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | | | 12 | 11 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Elaine Carter

16. BIRTHPLACE (city or town) Va.
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J H Med School Date AUG 12 1935 19..

UNDERTAKER
(Address)

FILED AUG 12 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-11 1935 to 8-11 1935

I last saw h.. alive on 8-11 1935 Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 7-30-35 |
| Bronchopneumonia | 8-5-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roxanne Sterling M. D.

(Address) Baltimore City Hospitals

✓ F 15172

15172 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

349-57

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Dixon

If U. S. Veteran specify WAR

(a) Residence: No. 1412 Penna Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 10/2/86

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 10 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W p037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Baber Bullett.

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mamie Jones.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Daughter.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date AUG 12 1935 19

19. UNDERTAKER

(Address)

Filed AUG 12 1935 19 Huntington Williams, M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1935 to 8/6, 1935

I last saw her alive on 8/6, 1935. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ulcer beneath skin in sacral region | 3 wks. |
| Infectious arthritis | ? |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reyer, M. D.

(Address) Balto City Hosp.

✓ F 15173

5173

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 18 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Peter Bagwell.

(a) Residence: No. 811 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | Separated. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia.

DATE OF BIRTH (month, day, year) 3/12/1895.

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 40. | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Georgia.

13. NAME Spence Bagwell

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Lina Leguer.

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT Patient

(Address) ...

BURIAL, CREMATION, OR REMOVAL

Place Pet. Med. Cem. Date AUG 12 1935, 19

UNDERTAKER Geo. Wm. E. Woodall

(Address) ...

FILED AUG 12 1935, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1935, to 8/6, 1935

I last saw him alive on 8/6, 1935 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 3 days |
| Myocardial insufficiency | 6 mos |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Peters M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

V F 15174

15174

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Russell Barker

(a) Residence: No. 320 So Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 23, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Eugene R Barker

14. BIRTHPLACE (city or town) (State or country) Blue Ridge Mt Va

15. MAIDEN NAME Ruby Tester

16. BIRTHPLACE (city or town) (State or country) Bristol Va

17. INFORMANT Parents.

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Place Church Yard Date Aug 12 19 35

19. UNDERTAKER Chas D Steele

(Address) 501 E Fort Ave

20. FILED 2 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1935, to Aug 11, 1935

I last saw h[illegible] alive on Aug 11, 1935. Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of brain (cortical) | ? |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schweinhaut M. D.

(Address) Lyndenhurst Hospital

F 15175

15175 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth: ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... None

2. FULL NAME Ernest F. Vernay.

(a) Residence: No. 1814 Augusta St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Florence A. Vernay

DATE OF BIRTH (month, day, year) Jan. 6 1873

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 7 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co. Md

13. NAME James Vernay

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

15. MAIDEN NAME Elizabeth Gaffney

16. BIRTHPLACE (city or town) (State or country) Md. Unknown

INFORMANT Mrs. Florence A. Vernay

(Address) 1814 Augusta

BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Aug. 13 1935

UNDERTAKER Kenny & Stock Funeral Home

(Address) 1301 E. Eager St.

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/31 1935 to 8/10 1935

I last saw him alive on 8/10 1935 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 8-3-35
Carcinoma of stomach — Onset 1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. de Santelle, M.D.

(Address) Baltimore City Hospital.

M. D. B. 1268-9

✓ F 15176

15176

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Elsinor ave 15 Ward)

2307 Elsinor Ave since 1/1/35

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Emma J Thomas — no Veteran

(a) Residence: No. 2307 Elsinor Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Thomas

6. DATE OF BIRTH (month, day, year) Feb. 7, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 6 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER FATHER

13. NAME Lafayette Stever

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Catherine Sapp

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss Nellie Thomas

(Address) 2307 Elsinor Ave.

18. BURIAL, CREMATION, or REMOVAL

Place Loudon Park Date Aug 13, 1935

19. UNDERTAKER Geo J Smith

(Address) 1900 Eutaw Place

20. Filed ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1929 to Aug 10, 1935

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 12 yr |
| Enteritis | 20 |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A E Clement M. D.

(Address) 1734 E Baltimore St

F 15177

15177 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

46-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Maryland Ave. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Cheever Carr

(a) Residence: No. 2615 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Turner

7. DATE OF BIRTH (month, day, year) June 24, 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 1 | 18 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John B. Carr

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Owens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Cheever Carr
(Address) 2615 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date Aug. 13 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1925, to August 11, 1935

I last saw h. alive on August 11, 1935 Death is said to have occurred on the date stated above, at 7.20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sig moid | 1/1/32 |
| Other contributory causes of importance: Arteriosclerosis | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George W. Settle M. D.

(Address) 2431 Maryland Ave

AaCo. 5-31 250B

F 15178

15178 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

87-B

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5717 Roland Ave. St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

No Veteran

2. FULL NAME Caleb N. Athey

(a) Residence: No. 5717 Roland Ave St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Helen L. Wilmer

DATE OF BIRTH (month, day, year): Sept 17, 1868

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 10 | 25th | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dr

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation: 40+20

BIRTHPLACE (city or town) (State or country): Va

13. NAME: Wm H. Athey

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Isabella Rinker

16. BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: Helen N. Athey

(Address) 5717 Roland Ave

~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Loudon Park Date Aug. 13, 1935

UNDERTAKER: John O. Mitchell Sons

(Address) 1918 Eutaw Place

Filed 1935 Aug 13 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1933 to August 11, 1935

I last saw h[im] alive on August 11, 1935 death is said to have occurred on the date stated above, at 11 50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis agitans (marked symptoms for | 2½ years |
| Other contributory causes of importance: | |
| terminal pneumonia | 3 days |

Name of operation none Date of ...

What test confirmed diagnosis? clinical & laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Smith, Jr, M. D.

(Address) 1014 St. Paul Street

. D. B. 1268-9

5179

✓ F 15179

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Hospital for Women of Md. St. 27 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Russell 5112 Queensbury Ave.

(a) Residence: No. Woman's Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 10, 1935

| AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 2 days | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Bernard Joseph Russell

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Hazel Gordon

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Mrs. B. J. Russell

(Address) 5112 Queensbury Ave. Balto, Md

BURIAL, CREMATION, OR REMOVAL

Name St. Mary's Cem. Date 8/13 1935

UNDERTAKER Franklin H Sech

(Address) 709 W 23rd St

FILED 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1935 to Aug. 12 1935

I last saw him alive on Aug. 12 1935. Death is said to have occurred on the date stated above, at 12 25 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity. | Aug. 10, 1935 |
| Intra-cranial hemorrhage | Aug. 10, 1935 |
| | " |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? L. P. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) E. W. Overstreet, M. D.

(Address) Woman's Hospital.

✓ F 15180

5180 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 4/33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Jerome Newman (Doris H.)

(a) Residence: No. 2509 Brookfield Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Married |

6. If married, widowed, or divorced ~~DAUGHTER OF~~ (or) WIFE OF Jerome Newman

DATE OF BIRTH (month, day, year) Sept. 24, 1909

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | 10 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Samuel Heller

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rose Castelberg

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs Edward Gerald Heller

(Address) Esplanade Apts.

BURIAL, CREMATION, OR REMOVAL

Place B'k Memorial Date Aug. 13, 1935

UNDERTAKER Harry Sondheim & Son

(Address) 1902 Eutaw Place

2 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1935, to 9-11, 1935

I last saw her alive on 9-11, 1935. Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Septicemia

multiple abscesses.

Date of onset 7-30-35

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? BLOOD CULTURE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Wm. Primoff M. D.

(Address) Temple Professional

✓ F 15181

5181

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Hamilton ave 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie M. Yeager

(a) Residence: No. 3106 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert K. Yeager

DATE OF BIRTH (month, day, year) July 3 1891

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 1 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME Charles G. Yarnes

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

15. MAIDEN NAME Sarah J. Dodd

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

INFORMANT Wilbert K. Yeager
(Address) 3106 Hamilton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Aug. 13 1935

UNDERTAKER Frederick Boardman & Sons
(Address) 2401 Belair Road

FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1931 to Aug 11 1931

I last saw her alive on Aug 11 1931. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus with metastases

Carcinoma

Date of onset

Other contributory causes of importance:

Carcinoma of uterus

Was an operation performed? yes Date of Fall of 1934

For what disease or injury?

Name of operation Hysterectomy Date of

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank D'Virgilio, M. D.

(Address) 1117 S. Paca St.

D. B. 126-9

F 15182

F 15182

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 8159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy SALVATORE Domino

(a) Residence: No. 1568 N. Chapel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 1 new | born | | 4 hrs. |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Carmelo Domino

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Alice Squatrito

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Aug 13, 1935

19. UNDERTAKER Frank Della Rose

(Address) 521 N Morley St.

20. FILED 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935 to Aug 10, 1935

I last saw him alive on Aug 10, 1935. Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Sundheim M. D.

(Address) Sinai Hospital

F 15183

F 15183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto City Hosp (St.) 10 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Jadie Price
(a) Residence: No. 789 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Price

DATE OF BIRTH (month, day, year) ? 1909

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 26 | ? | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0037
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ? Maryland

13. NAME Elijah Brown

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Susie Dead

16. BIRTHPLACE (city or town) (State or country) ? Md

INFORMANT (Address) Balto City Hospt.

BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 8-13 1935

UNDERTAKER Byron & Manuel W. Wright (Address) 428 N. Eldersley St

FILED 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1935 to 8-7 1935

I last saw h[illegible] alive on 8-7 1935 Death is said to have occurred on the date stated above, at 5:5 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset ?

Other contributory causes of importance: Bronchopneumonia 4 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Biopsy of Cervix Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt

Spec. 6-16-29 [illegible] Bks.

F 15184

F 15184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Vincent ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Washington

(a) RESIDENCE NO. 212 N. Vincent ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Washington

DATE OF BIRTH (month, day, and year) Dec. 25, 1867

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 7 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Virginia

12 MAIDEN NAME OF MOTHER Fanny Scott

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Virginia

Informant Bessie Allen

(Address) 1624 W. Mulberry St

Filed Aug 13 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1935, to Aug 10, 1935, that I last saw him alive on Aug 8, 1935, and that death occurred, on the date stated above, at 10 15 p m.

The CAUSE OF DEATH* was as follows:

Retension of Urine and Hemorrhage in Bladder

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Urethral Stricture

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Catherization Date of Aug 10 1935

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard, M. D.

8-13 1935 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Conn — DATE OF BURIAL Aug 13 1935

20 UNDERTAKER Joseph A Lucky — ADDRESS 404 N. Monroe St

AUG 13 1935

M. D. No. 1268

F 15185

F 15185

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3947 Cloverhill Rd. St., 12 Ward)

Guilford.

Length of residence in city or town where death occurred 52 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Patterson Scopinich.

(a) Residence: No. 3947 Cloverhill Rd. St., ... Ward. ...
(Usual place of abode) Guilford. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Antonio J. Scopinich.

DATE OF BIRTH (month, day, year) February 12, 1883

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 5 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George F. Patterson.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Louise Graham

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Mr. Antonio J. Scopinich.
(Address) 3947 Cloverhill Road

BURIAL, CREMATION, OR REMOVAL Guilford.
Place Druid Ridge Cem. Date Aug. 13, 1935

UNDERTAKER Henry W. Meats & Son
(Address) 805 N. Calvert St.

FILED 8 1935, 19..

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 3rd, 1933, to August 11th, 1935

I last saw her alive on July 26th, 1935. Death is said to have occurred on the date stated above, at 5.00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the cervix | ? |

Other contributory causes of importance:

Name of operation Radium & X-ray Therapy Date of

What test confirmed diagnosis? Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? O Date of injury O, 19..

Where did injury occur? O
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place O

Manner of injury O

Nature of Injury O

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Mason Hundley Jr. M. D.

(Address) 622 Medical Arts Bldg

F 15186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15186

82-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S Catherine St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Henry Duper

(a) Residence: No. 212 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widowed |

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lena Duper

DATE OF BIRTH (month, day, year): Apl. 29 - 1859

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 3 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ... 64

10. Date deceased last worked at this occupation (month and year): 6/35

11. Total time (years) spent in this occupation: 50

BIRTHPLACE (city or town) (State or country): Cantonville Md.

13. NAME of father: Henry J. Duper.

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Anna M. Eckert

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: George A. Duper

(Address) 2018 N. Carlton St.

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cem. Date: Aug 13. 1935

UNDERTAKER: Hughes & Jones Inc

(Address) 424 S. Broadway.

FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3. 1935 to Aug 11. 1935

I last saw him alive on Aug 10. 1935 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 8/3/35 |
| Other contributory causes of importance: Arterio Sclerosis Senility | |

Name of operation: None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Byrd, M. D.

(Address) 616 Woodington Rd.

M. D. B. [illegible]-9 F 15187

F 15187

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E. Chase St., 10 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth [redacted] Davis

(a) Residence: No. 1408 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~[illegible]~~ Osborne Davis

7. DATE OF BIRTH (month, day, year) June 1847

| AGE | Years | Months | Days | If LESS than 1 day: hrs. / min. |
|---|---|---|---|---|
| | 88 | ✓ | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Mackenzie Co Va
(State or country)

13. NAME Edward Davis

14. BIRTHPLACE (city or town) ..... Va
(State or country)

15. MAIDEN NAME Elizabeth Piggott

16. BIRTHPLACE (city or town) ..... Va
(State or country)

17. INFORMANT Ralph Davis
(Address) 1408 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mackenzie Va Date 8/14, 1935

19. UNDERTAKER Raynor Sanders
(Address) 1413 E. Preston St

20. FILED [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1935 to 8-12, 1935

I last saw her alive on 8-11, 1935 Death is said to have occurred on the date stated above, at 4:15 m. a.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis (uremia) | ? |
| Arterio-sclerosis | ? |
| Other contributory causes of importance: chronic myocarditis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M.D.

(Address) [illegible]

F 15188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓151

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yr. mos. ds.

2. FULL NAME Stanley Witczak

(a) Residence: No. 1616 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Witczak

DATE OF BIRTH (month, day, year) Not Known 1860

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| ✓ | 74 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year) 0031

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Wanda Witczak

(Address) 1616 Eastern Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 8/14 1935

UNDERTAKER William Glackin & Co

(Address) 1618 Eastern Ave

FILED 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-35 19

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1935 to 8-12 1935.

I last saw him alive on 8-12 1935 Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

Carbuncle of Neck. — Date of onset

Other contributory causes of importance:

Generalized Furunculosis
Diabetes Mellitus

Name of operation Incision & Drainage Date of 8-6-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Macauley M. D.

(Address)

F 15189 F 15189

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 208-M

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital (Ba)
CITY OF BALTIMORE: (No. ..... St., 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Laurence M Seicke
(a) Residence: No. 715 Frederick Ave - Catonsville Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel E Seicke

6. DATE OF BIRTH (month, day, year) May 5 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 2 | 26 | |

8. Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Repair Shop
10. Date decedent last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (City or town) (State or country) Balto Co
13. NAME OF FATHER Frederick A Seicke
14. BIRTHPLACE (city or town) (State or country) District Columbia
15. MAIDEN NAME OF MOTHER Effie Lippy
16. BIRTHPLACE (City or town) (State or country) Balto Co Md
17. INFORMANT Ethel Lippy Seicke
(Address) 715 Frederick Ave Catonsville
18. BURIAL, CREMATION, OR REMOVAL Place Baker Faith Cem Date Aug 14 1935
19. UNDERTAKER C Schlosman & Son
(Address) 1039 Hanover St
20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/35, 19

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 8/11 19 35
Where did injury occur? Frederick & Rockyhill Ave Catons
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Ran into street car
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Chas E Bagley Automobile M. D.
Coroner
(Address)

F 15190 1000 Blks. 6-[illegible]

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15190

## CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Bentalou St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) No

2-FULL NAME J. Thomas Roberts

(a) RESIDENCE. No. 635 N. Bentalou St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

6a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~: Ada T. Roberts

6 DATE OF BIRTH (month, day, and year): Oct 29th 1874

7 AGE: Years 60 | Months 9 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Agts

(b) General nature of industry, business, or establishment in which employed (or employer): Produce Business

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: J. Thomas Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Ada T. Roberts

(Address): 635 N. Bentalou St

15 FILED: 1935 · 16 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11th 1935

17 I HEREBY CERTIFY, That I attended deceased from July . 1934 . to Aug 12 . 1935.

that I last saw h[illegible] alive on Aug 11 1935

and that death occurred, on the date stated above, at 11 1/2 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Heart disease

Arteriosclerosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Indefinite

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H K Jr[illegible] M. D.

(Address) 111 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: Aug 14th 1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

F 15191

M. D. Form 126-

F 15191

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Slaughter

(a) Residence: No. St Denis Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write this word) |
|---|---|---|
| M | C | Single |

6a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Frank Robinson

(Address) St Denis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Patapsco Md Date Aug 14 1931

19. UNDERTAKER Isaac I Bronston

(Address) 1058 W Montgomery St

FILED AUG 13 1931 Elston Williams, Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Essential Hypertension | July 1935 |
| Nephritis Substituted | |

Other contributory causes of importance: unk

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S Allen M. D.
CORONER

(Address) 507 Cumberland St

F 15192 ✓ F 15192

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

145a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Banks — If U. S. Veteran specify WAR

(a) Residence: No. 1736 Brady Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Married

DATE OF BIRTH (month, day, year) March 29 1913

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 4 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waldon N. C.

13. NAME Joseph Williamson

14. BIRTHPLACE (city or town) (State or country) N. C

15. MAIDEN NAME Ellen Bynum

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Walter Banks

(Address) 3216 Runyon St

18. BURIAL, CREMATION, OR REMOVAL

Place Waldon N. C. Date Aug 14 1931

19. UNDERTAKER Waldon Funeral Home

(Address) 105 W Martin St

20. FILED Aug 13 1931 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/30/35, 19, to 8/12/35, 19

I last saw her alive on 8/12/35 19 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Sepsis | 8/3/35 |
| | |
| | |
| | |
| Other contributory causes of importance: Peritonitis | 8/6/35 |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Mary Lennie Newman M. D.

(Address) Baltimore City Hosp.

M. D. B. [illegible] F 15193 ✓ F 15193

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 11 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cecilia Pakulski If U. S. Veteran specify WAR .....

(a) Residence: No. 3232 Foster Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✗

6. DATE OF BIRTH (month, day, year) July 23 '35

| 7. AGE Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| | | 9 1/4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant dead

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Frank Pakulski

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Evelyn Filliaux

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Frank Pakulski
(Address) 3232 Foster Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place David Head Date Aug 13 . 1935

19. UNDERTAKER Lloyd Zacharias
(Address) 403 So Wolfe

20. FILED AUG 13 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✗
If so, specify .....

(Signed) O. M. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B 1268-9

15194 F 15194

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 E. Fort Ave St. 24 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Finnegan

(a) Residence: No. 1700 E. Fort Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 11 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 54 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam roadhouse B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) County Wexford (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Ireland (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Anna Bannon

(Address) 1700 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 14- 35 19

19. UNDERTAKER Margaret F. Flynn

(Address) 1417 Light St.

20. FILED Aug 13 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright M. D.

(Address) 1010 S. Belnord Ave.

M. D. F 1268-9

15195 (Macing) ✓ F 15195

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret Macing

(a) Residence: No. 107 South Highland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 9 1902

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 33 | 6 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Mc Donough

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Mc Hugh

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT John Mc Donough
(Address) 107 S. Highland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 14 1935

UNDERTAKER Frank V. Ortstone
(Address) 2810 E. Baltimore St.

Huntington Williams, Funeral Director

AUG 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1935 to Aug. 11 1935

I last saw h.. alive on Aug 11 1935. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post-operative Shock | 8/10 |
| Case-Mitral Collapse | |

Other contributory causes of importance:

Carcinoma of Cervix

Name of operation Pan hysterectomy for salpingo oophoritis Date of 8/10

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Levin, M. D.

(Address) West Balto. Gen. Hosp.

D. B. 1263-9

5196 ✓ F 15196

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hosp. for Women of Md 14th Ward)

Length of residence in city or town where death occurred yrs. .... mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel PEARL Wyble wife of Amos Crandell Co. Md

(a) Residence: No. 10 13½ Ave. Brooklyn Park. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of James F. Wyble

DATE OF BIRTH (month, day, year) Sept. 29, 1886

| AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 48 | 10 | 17 ~~3 0 5~~ | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Elkridge, Md.

13. NAME William Berrett

14. BIRTHPLACE (city or town) (State or country) Md., U.S.A.

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

INFORMANT James F. Wyble

(Address) 10 13½ Ave. Brooklyn Pk.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Aug 15, 1935

UNDERTAKER Mrs. Mrs. John M. Riddle & Son

(Address) 301 No. Intyre St. Huntington & Williams, N.Y.

FILED Aug 15 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1935, to Aug. 12, 1935

I last saw her alive on Aug. 12, 1935 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Aug. 9, 35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic nephritis | ? |
| Hypertension | ? |

Name of operation Cholecystectomy Date of Aug. 7

What test confirmed diagnosis? Aug. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury .... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Glenn Wilson Zeidler M. D.

(Address) Womans Hospital Baltimore, Md

Spec. 1-10-21 MAT 1500 Blks.

5197

F 15197

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 W Lombard ST., 19 WARD)

2-FULL NAME Paula Meyer

(a) RESIDENCE NO. 1404 W Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob J. Mayer

6 DATE OF BIRTH (month, day, and year): Feb. 6 1879

7 AGE

| Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|
| 56 | 6 | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Gabrial Ungar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Detta

12 MAIDEN NAME OF MOTHER: Paula Ungar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Detta

14 Informant (Address): Mrs Irene Anthony 1404 W Lombard St.

15 935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 11 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1935, to aug 11, 1935, that I last saw h[illegible] alive on aug 10, 1935, and that death occurred, on the date stated above, at 4 pm m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Ignatius Dill M.D.

8/12, 1935 (Address) 1432 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 8/14 1935

20 UNDERTAKER: Robert Brandt Son

ADDRESS: Balto Md

M. D. B 1268-9

15198

✓ F 15198

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edith Shafer

(a) Residence: No. 224 N. Jackson St. Glendale Calif. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis B. Shafer

6. DATE OF BIRTH (month, day, year) Aug 25 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Camden (State or country) Michigan

FATHER

13. NAME Joseph Marquette Patterson

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Lewis B. Shafer

(Address) 224 N. Jackson St Glendale Cal.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date Aug 13. 1935

19. UNDERTAKER .....

(Address) .....

1935 Huntington Williams Registrar.

1652

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy, or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (Dr.) | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Fracture of ankle June 22'35

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 22 1935

Where did injury occur? Crisfield Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Hotel at Crisfield Md.

Manner of injury fell on floor.

Nature of injury Fractured ankle

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) A. W. Wright M. D.

Coroner

(Address) 1010 S. Edmond Ave.

M. D. F 1268-9

F 15199

15199

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 89-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave 75 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Merson

(a) Residence: No. Lansdowne, Md. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 6 1935

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 7 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Solomon Merson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Emma Brown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Roger Merson

(Address) Hagerstown

BURIAL, CREMATION, OR REMOVAL St Peters Cem Date Aug 14 1935

UNDERTAKER Geo A Fahey

(Address) Hilton & Lafayette Huntington Williamsport Md

FILED Aug 13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935 to Aug. 12, 1935

I last saw him alive on Aug. 12 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enanition Fever. | 7/20/35 |
| Marasmus. | 7/15/35 |
| Chronic Otitis Media. | 6/1/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis G. Llewelyn, M. D.

(Address) 3700 Copley Road.

H. D. B. 1268-9

F 15200

5200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. X 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Ryder

(a) Residence: No. Principio, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of (or) WIFE of ??? has Married

DATE OF BIRTH (month, day, year) March 7 1925

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 10 | 4 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Principio Md

13. NAME Warren McKendree Ryder

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

INFORMANT Warren M Ryder
(Address) Principio Md

BURIAL, CREMATION, OR REMOVAL
Place Principio Md Date Aug 15, 1935

UNDERTAKER Joseph A. Grant
(Address) North East Md

1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to August 13, 1935.

I last saw her alive on August 13, 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain abscess. | 7/11/35? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Bronchitis. | ? |
| | |
| | |

Name of operation Craniotomy and drainage Date of 7/28/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Pierce, M. D.

(Address) University Hosp.

F 15201

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15201

## CERTIFICATE OF DEATH

44-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Hedrich
If U. S. Veteran specify WAR

(a) Residence: No. 227 W. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank B.

DATE OF BIRTH (month, day, year) 2-2-1824

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 6 | 12 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Frank Hedrich Jr.
(Address) 622 S Bond St

BURIAL, CREMATION, OR REMOVAL
Place Morland Porch Date 8/14/35 19

UNDERTAKER J. J. Rusk
(Address) 530 N Fulton Ave

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1935 to 8/13, 1935
I last saw her alive on 8/13, 1935 Death is said to have occurred on the date stated above, at 1 3/4 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 3 mo. |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Robert A Reitz, M. D.
(Address) Balto City Hosp

F 15202

F 15202

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 N. Charles St. 12 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann McHale

(a) Residence: No. 2700 N. Charles St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

DATE OF BIRTH (month, day, year) **********

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *********

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Patrick McHale

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Nellie Nichols

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Miss Marie E. Neild
(Address) 2700 N. Charles St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 8/14/35 19

UNDERTAKER Henry W. Meadows
(Address) 805 N. Calvert St.

FILED 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6 1935 to Aug. 12 1935

I last saw her alive on Aug. 12 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic Myocarditis but known
Terminal Edema of Lungs. 7 days.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry B. Thorn M. D.

(Address) 2504 E. Pratt St.

F 15203

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15203

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Adam Thalheimer

(a) Residence: No. 4415 Ashbury Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 27, 1854

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 yrs. | 3 | 16 14. | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Unk

14. BIRTHPLACE (city or town) Unk
(State or country)

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) Unk
(State or country)

INFORMANT Mrs. Marie Thalheimer
(Address) 4415 Ashbury Ave.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 8/16/35 19

UNDERTAKER [illegible]
(Address) [illegible]

FILED AUG 14 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10- . 19 35 to 8-13 . 19 35

I last saw him alive on 8-13 . 19 35. Death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Bilateral nephritis | |
| Broncho pneumonia | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertrophied prostate | |
| Cystitis. Cholelithiasis | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John M Barnaby Jr M. D.

(Address) Maryland General Hosp

F 15204

F 15204

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME (Lizzie) Elizabeth Cushing

(a) Residence: No. Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown - about 1854.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 81. | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Cushing

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jane Downey.

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Louise Longenecker

(Address) 3101 Keswick Rd.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug. 15 1935.

UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave.

FILED Aug 15 1935 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1935 to 8/11 1935

I last saw her alive on 8/11 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Arteriosclerosis | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. F 15205 (268-1)

F 15205

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hospital 21 St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley Mae Shadle

If U. S. Veteran specify WAR X

(a) Residence: No. 942 S. Paca St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 23 1935

| 7. AGE — Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER FATHER

13. NAME Charles N. Shadle

14. BIRTHPLACE (city or town) Harrisburg (State or country) Pennsylvania

15. MAIDEN NAME Gertrude Stone

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Charles N. Shadle
(Address) 942 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Westminster. Date 8/15/35

19. UNDERTAKER Bernard C. Hale
(Address) 1000 S. Paca St.

20. FILED AUG 14 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| gastro enteritis (acute) | |

Other contributory causes of importance: .....

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

F 15206

M. D. B. 1268-9

F 15206

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 672 Washington Blvd. W. Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Menshaw

(a) Residence: No. 672 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles B. Menshaw

DATE OF BIRTH (month, day, year) April 30 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 3 | 14 | 13 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Retd

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME James Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Thos. B. Menshaw

(Address) 2032 W. Barre St

BURIAL, CREMATION, OR REMOVAL Augustus Elkridge, Md. Date 8/16 1935

UNDERTAKER Bernard C. Harle

(Address) 1006 S Paca St

FILED 1935 Aug 15 1935 Reg. No. 15

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to Aug 13th 1935

I last saw her alive on Aug 12th 1935 Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Myocarditis; Carcinoma of stomach | 1934 |
| Other contributory causes of importance: | |
| Pulmonary Edema | 8.12.35 |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical findings Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. O. Silverthorne M. D.

Aug. 14 1935 (Address) 1901 Eutaw Place

F 15207

F 15207

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Madden

(a) Residence: No. 917 N. Stricker St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Madden

6. DATE OF BIRTH (month, day, year): 10-28-1889

7. AGE: Years 45 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Sara Kelly

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

INFORMANT: Balto. City Hospt

(Address): Records

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: 8/14/35

UNDERTAKER: Thos. E. Kelson

(Address): 1303 Preston St

FILED: 8/14/1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-10-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-29-1935 to 8-10-1935

I last saw her alive on 8-10-1935 Death is said to have occurred on the date stated above, at 9:41 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fibroid of Uterus ?

Other contributory causes of importance:

Pelvic Peritonitis 2 days

Was an operation performed? yes Date of 8-8-35

For what disease or injury? Fibroid of Uterus

Name of operation Hysterectomy Date of 8-8-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto. City Hospitals Baltimore, Md

F 15208

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15208

## CERTIFICATE OF DEATH X ✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Roland Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret E. Chism

(a) Residence: No. Pikesville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 29 1861

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. ... min. |
|---|---|---|---|---|
| | 74 | 2 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Richard J. Chism

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Mekey

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Geo. M. Shriver
(Address) Pikesville Md

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Aug 14 1935

UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED ... 19 ... Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Aug 12 1935

I last saw h[illegible] alive on Aug 12 1935 Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 4/2/35 |
| Hemiplegia | 4/2/35 |
| Other contributory causes of importance: Terminal Bronch. - pneumonia | 8/5/35 |

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Williams M. D.

(Address) Pikesville. Md.

F 15209 F 15209

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mary Hall

(a) Residence: No. 1808 Light St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Ded

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Warfield

(Address) 1808 Light St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 8/15 1935

UNDERTAKER L. F. McCully

(Address) 130 E. Fort.

8/14 1935 Hunting & Williams, Inc.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1935 to 8/13 1935

I last saw her alive on 8/13 1935 Death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 wks |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

D. P. 1268-9

5210 HEALTH DEPARTMENT—CITY OF BALTIMORE 15210

# CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

FULL NAME Florance Handy

(a) Residence: No. 1507 Hopewell Court St., ....Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| | 6 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. A. Handy

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elanor Lee

16. BIRTHPLACE (city or town) (State or country) W?Va.

17. INFORMANT Elnore Handy

(Address) 1507 Hopewell Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Union Date Aug 15, 1935

19. UNDERTAKER Joseph A Sisly

(Address) 4041 monument street

20. FILED Aug 15 1935 Huntington, Williamson, W. Va. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | |
| Probably Tuberculous | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 2737 N. Howard

F 15211

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15211

59

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St. 5 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Wilson

(a) Residence: No. 207 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Wilson.

DATE OF BIRTH (month, day, year) 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work did her home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Sadler

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Supt. Aged Home 207 Aisquith
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Aug 14 1935

UNDERTAKER Joseph A Sipple
(Address) 409 N. Mount Street

FILED 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Aug 11, 1935

I last saw her alive on Aug 10 1935. Death is said to have occurred on the date stated above, at 10 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Parenchymatous Nephritis | 1 yr. |
| Other contributory causes of importance: Diabetis Mellitus | 14. |

Was an operation performed? No Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St.

F 15212

F 15212

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 186-a

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W Fink

(a) Residence: No. Lutherville Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write word) Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie Fink.

6. DATE OF BIRTH (month, day, year) July 2 1866

7. AGE 69 Years | Months 1 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lawson Md.

13. NAME John W. Fink.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Reist

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Fink Brother

(Address) Riderwood Md.

18. BURIAL, CREMATION, OR REMOVAL Govans Cato bit Date Aug 16 1930

19. UNDERTAKER John Burns Sons

(Address) Towson Md

FILED ... 19 ... Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 8 oclock p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Hip | |
| Bronchial Pneumonia, | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of -

For what disease or injury? .....

Name of operation None Date of -

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury July 13, 1930

Where did injury occur? on farm near Lutherville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on farm near Lutherville, Md

Manner of injury Fell off load of hay,

Nature of injury Fractured hip.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Harry Coroner, M. D.

(Address) 1215 Hanover

M. D. F 12650

F 15213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S. Grundy St., 36 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Stratz

(a) Residence: No. 703 S. Grundy St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Stratz

6. DATE OF BIRTH (month, day, year) July 15 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER FATHER

13. NAME Andrew Bitterreuch

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

15. MAIDEN NAME Amelia Unkem

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Fredrick Stratz

(Address) 224 Mt Olivet Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Aug 16-35 19

19. UNDERTAKER Mrs-Mrs M S Smith

(Address) 2512 Wilkens Ave

20. FILED Aug 14 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Chronic nephritis (arterio-sclerotic) 1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright M. D.
Coroner

(Address) 1010 S. Belnord Ave.

F 15214 ✓ F 15214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Woodhome Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Schroeder

(a) Residence: No. 3007 Woodhome Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A. Schroeder

DATE OF BIRTH (month, day, year) Mar 2 1860

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 4 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME August Gunther

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ger.

INFORMANT Chas. A. Schroeder

(Address) 3007 Woodhome Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Aug 15 35 19

UNDERTAKER Philip Herwig Sons

(Address) 2316 Eutaw Pl

FILED 14 1935 Thurston Fox Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1935 to Aug. 12, 1935

I last saw h.. alive on Aug. 12, 1935. Death is said to have occurred on the date stated above, at 8.05 a m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma of Duodenum — Date of onset .....
Mutual Insufficiency - Decompensation
Senile Dementia

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alexander Rawcroft M. D.

(Address) 2579 Eutaw Ave.

H. D. P. 1268-9

F 15215

F 15215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH University Hospital 19

CITY OF BALTIMORE: (No. Redwood & Greene St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin N Clark

(a) Residence: No. 1229 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | col | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Clark.

DATE OF BIRTH (month, day, year) Dec 25th 1887

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 47 | 7 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tabor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Petersburg Va.

13. NAME Thompson Clark.

14. BIRTHPLACE (city or town) (State or country) Petersburg Va.

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE (city or town) (State or country) Petersburg Va.

INFORMANT Estelle Clark

(Address) 1229 E. Madison

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Aug 14th 1935

UNDERTAKER Mc Fadden & Gilbert Inc

(Address) 1111 Pennsylvania Ave

FILED Aug 14 1935 Huntington Williams Jr. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935 to August 12, 1935.

I last saw h.... alive on August 11, 1935. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphoid Leukaemia | |
| Anemia Abscess | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M. Robinson M. D.

(Address) University Hospital

F 15216 ✓ F 15216

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Boa Serafini If U. S. Veteran specify WAR .....

(a) Residence: No. 127 Allenwood St., ..... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 29 1935

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| — | | 14 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME PIETRO SERAFINI

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME MARIA SERAFINI

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT PIETRO SERAFINI
(Address) 127 Allenwood St

BURIAL, CREMATION, OR REMOVAL
Place Holy Sepulchre Date Aug 14 1935

UNDERTAKER J. Frank Della Rock
(Address) 52 N. Morley St

FILED ..... 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from July 29 1935 to August 12 1935
I last saw her alive on August 12 1935 Death is said to have occurred on the date stated above, at 4 30 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 7/29/35 |
| Other contributory causes of importance: Mongolism | 7/29/35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mary Lomina Newman M. D.

(Address) Baltimore City Hosp.

5217

F 15217

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 2a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Howard

If U. S. Veteran specify WAR none

(a) Residence: No. 618 S. Macon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E Howard

DATE OF BIRTH (month, day, year) July 9- 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rolling mills

10. Date deceased last worked at this occupation (month and year) 7 '30

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Oscar Howard

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Hannah Dan

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs Mary Donalds

(Address) 618 S Macon St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Aug 16, 193

UNDERTAKER John Ulrich & Sons

(Address) 2002 Eutaw

1935 Huntington Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/27, 1935 to 8/12, 1935

I last saw him alive on 8/12, 1935. Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2-3 days |
| Chronic nephritis & uremia (?) | (?) |
| Other contributory causes of importance: | |
| Arteriosclerosis | (?) |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Peters, M. D.

(Address) Balto City Hosp

D. B 1268-8

✓ F 15218

# HEALTH-DEPARTMENT—CITY OF BALTIMORE

5218

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. 32nd St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Knoche

(a) Residence: No. 1903 E. 32nd St. St., Ward. no mail record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or WIFE of) Marie Knoche

6. DATE OF BIRTH (month, day, year) April 26, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 3 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Louis Knoche

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Madeline Knoche

(Address) 1903 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem Date Aug 16, 1935

19. UNDERTAKER John Gerick & Sons

(Address) 2101 Eutaw Pl

20. FILED 1935 Attention Mrs. Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, Coroner, M. D.

(Address) 1919 E. North Ave.

F 15219 Woollen ✓ F 15219

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-a

Registered No. .....

1. PLACE OF DEATH Baltimore City Hosp — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 77 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Woollen

(a) Residence: No. 6601 Hammond 3st St., ..... Ward. .....
(Usual place of abode) Hampstead (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 2, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 12 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Robert Woollen

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME A Cole

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT (Robert Woollen

(Address) 6601 Hammett ave.

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Augt 14 1935

UNDERTAKER L. Roy L. Hodges

(Address) 6209 Harford Rd.

FILED Aug 14 1935 Municipal Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935 to Aug 13, 1935

I last saw him alive on Aug 13, 1935. Death is said to have occurred on the date stated above, at 6.40 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus | Aug 2 |
| Spina Bifida | Aug 2 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mary Louise Newman M. D.

(Address) Baltimore City Hosp —

M. D. 1265 F 15220 ✓ F 15220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Ave St. 25 Ward)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Joseph Dattomer

(a) Residence: No. Jenkins Memorial Hosp., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ——— 1861

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 yrs | 7 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME Frederick Smith
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Susanna Treadway
16. BIRTHPLACE (city or town) (State or country) Mass.
17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 8/14, 19 35
19. UNDERTAKER Henry W. Moore & Son
(Address)
20. FILED 19 35 Deputy Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935 to August 13, 1935.
I last saw him alive on August 12, 1935. Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Larynx | 4/35 |
| | |
| | |
| | |

Other contributory causes of importance:

a.
b.
c.

Name of operation tracheotomy Date of 7/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L B Whiting M. D.
(Address) St Agnes Hospital

F 15221

H. D. B 1268-9

13679

15221

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harvey Finch

(a) Residence: No. 1215 Chatham St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Black | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2-15-32

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 7 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md

13. NAME Herman Finch

14. BIRTHPLACE (city or town) ..... (State or country) N. C.

15. MAIDEN NAME Patty Short

16. BIRTHPLACE (city or town) ..... (State or country) N. C

INFORMANT Records, JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL.
Place Mt Carmel Cem Date Aug 14, 1935

UNDERTAKER Parker & McAdams
(Address) 1515 N. Eutaw St
Huntington Williams

FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935 to Aug 11, 1935
I last saw him alive on Aug 11, 1935 Death is said to have occurred on the date stated above, at 3 15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | 7-27 |
| Miliary Tuberculosis | |
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Julius D. Washington M. D.
(Address) Johns Hopkins Hospital

5222

✓ F 15222

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Ensor St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Brown

(a) Residence: No. 722 Ensor St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

DATE OF BIRTH (month, day, year) May 10 1893

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 3 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cumberland Co N.C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Grove

16. BIRTHPLACE (city or town) (State or country) Cumberland Co N.C.

INFORMANT Martha Simpson daughter
(Address) 722 Ensor st

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date August 15. 1935

UNDERTAKER Mrs. L. G. Ellis & 2nd Daughter
(Address) 1824 E. Caroline St.

FILED ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8 1935 to Aug 12 1935

I last saw h[illegible] alive on Aug 12 1935. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | Aug 8 1935 |
| Other contributory causes of importance: La Grippe | Aug 1 1935 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. T. Young M. D.

(Address) 724 E Monument St

✓ F 15223

15223 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Boy Fleming

(a) Residence: No. 2820 Clifton Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 12, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 1/2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles J Fleming

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Susan C Brunner

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

INFORMANT Hosp records
(Address)

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Greenmount Cem. Date Aug 15, 1935

UNDERTAKER Franklin W. Seitz
(Address) 709 W. 33rd St

AUG 14 1935 Huntington Williams & Co

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935 to Aug 14, 1935.

I last saw him alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub dural hemorrhage | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Bamaby M. D.

(Address) Maryland General Hosp

H. D. R. 1268-9

5224

F 15224

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Mosher St., 16 Ward)

Length of residence in city or town where death occurred 46 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Caeser Randall

(a) Residence: No. 1236 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Col | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Randall

DATE OF BIRTH (month, day, year) 11-27-72

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 6 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Mary Caeser Poindexter

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Jas Poindexter Caeser

(Address) 1236 Mosher St.

BURIAL, CREMATION, OR REMOVAL

Place Wd. Auburn Date Aug 15, 1935

UNDERTAKER Jesse W. Riddle

(Address) 1236 W. Riddle St Huntington W. Virginia, W. Va.

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935, to Aug 12, 1935

I last saw h[illegible] alive on Aug 12, 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | about a year |

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) H. C. Pettet, M. D.

(Address) 817 Hamilton Ave.

225

F 15225.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred ...yrs. 10 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Dublin Pappleton

If U. S. Veteran specify WAR.....

(a) Residence: No. 311 N. Poplar St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Man | Color | Me. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Marrid

DATE OF BIRTH (month, day, year) 1892

| AGE Years | Months | Days | If LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|
| 43 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Mckenney

14. BIRTHPLACE (city or town) Smithfield N.C. (State or country)

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Addie Lassiter

(Address) 169 Saratoga st

BURIAL, CREMATION, OR REMOVAL Smithfield N.C. August 15 1935

UNDERTAKER Adolphus Halstead & Bland Pallas

(Address) E. Huntington Williamsburg

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/2 1935 to 8/11 1935

I last saw him alive on 8/11 1935 Death is said to have occurred on the date stated above, at 3:11 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis C uremia | ? |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | |
| Hypertension | ? |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 15226

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15226

95-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cole

(a) Residence: No. 24 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | colored | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Cole

DATE OF BIRTH (month, day, year) Jan 25, 1851

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 84 | 6 | 16 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Talbot Co Md

13. NAME Walter Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) St Michael Md

INFORMANT (Address) Samuel Cole 24 S. Carlton St

BURIAL, CREMATION, OR REMOVAL
Place St Michael, Md Date Aug 22, 1935

UNDERTAKER Mrs Kate R Williams
(Address) 322 S Schroeder St.

FILED 1935 Register

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1934 to 8/11, 1935

I last saw her alive on 8/11, 1935 Death is said to have occurred on the date stated above, at 12 02 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 1935 |
| Other contributory causes of importance: Rheumatic heart disease | 1929 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

D. B 1268-9

F 13227 Frank J. Ostendorf F 15227

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 N Calvert St., 12 Ward)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank J. Ostendorf

No War Record

(a) Residence: No. 3201 N Calvert St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Ostendorf

DATE OF BIRTH (month, day, year) Mar 20 1862

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 4 | 23 | 73 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Lieutenant 006

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 33 yrs

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ferdinand Ostendorf

14. BIRTHPLACE (city or town) (State or country) ? ?

15. MAIDEN NAME Angelina ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Mary O. Ostendorf 320 N Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 16 1935

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED Aug 13 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pistol shot wound in head while temporarily mentally deranged | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug 13 1935

Where did injury occur? 3201 N Calvert St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place House

Manner of injury Shot through head

Nature of Injury Trauma

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas Dieudonné Lowe, M. D. Coroner

(Address) Coroner

F 15228 F 15228

Spec. 6-3-13 H. P. (2) 1000 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-W

REGISTERED NO...

1-PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.) NO. 2540 Mc Henry ST. 20 WARD)

2-FULL NAME Charles E. Sorter

(a) RESIDENCE NO. 2540 Mc Henry ST.. WARD. If U. S. Veteran (If nonresident give city or town and State) No

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos. How long in U. S., if of foreign birth? yrs mos. Specify War or Record

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Widowed |

6a If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Sarah H. Sorter

6 DATE OF BIRTH (month, day, and year) April 18th 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 3 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 2015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R.R.

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Daniel Sorter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Laura Schuhmann 2540 Mc Henry St

15 Filed AUG 15 1935 Burlington Williamson Mgr

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13th 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 . 1935 . to Aug 13 . 35 . that I last saw him alive on Aug. 13 . 35 . and that death occurred, on the date stated above, at 10:9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 8/15/ 1935

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul st

M. D. F 1268-9 F 15229

F 15229

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 117-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13 E Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Knauff

(a) Residence: No. 1914 Lord Stevens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Anna Knauff

DATE OF BIRTH (month, day, year) Dec 14th 1896

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 38 | 8 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R. Co

10. Date deceased last worked this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank Knauff

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

15. MAIDEN NAME Bridget Banahan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Anna Knauff

(Address) 1914 Lord St

BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Aug 17th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1935 to August 14 1935

I last saw h.. alive on August 14, 1935 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated peptic ulcer | Aug 7. |
| Generalized peritonitis | Aug 7 |
| Bronchopneumonia | Aug 12 |

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of Aug 7.

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M. Rikman M. D.

(Address) Resident Hospital

F 15230

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (a) Sinai Hospital

CITY OF BALTIMORE: (No. ..... Fayette St., 2 Ward)

Length of residence in city or town where death occurred 5yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edna A. Johnson

(a) Residence: No. 5102 Edmondson Ave. Balto. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lorenzo C. Johnson.

DATE OF BIRTH (month, day, year) Sept 30 - 1888

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 46 | 10 | 14 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 20 yr

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Benj. F. Williams.

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Martha A. Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

INFORMANT Lorenzo C. Johnson.

(Address) 5103 Edmondson ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Aug. 16, 1935

UNDERTAKER Josiah Pyfer.

(Address) 1600 N. Howard ave

FILED Aug 15 1935 Assistant Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935 to 8-13, 1935

I last saw her alive on 8-13, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset 8-7 35

Other contributory causes of importance: Uremia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wayne S. Shanahan M. D.

(Address) Sinai Hospital

M. D. P. 1265-0

F 15231

302 46 F 15231

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kellert

(a) Residence: No. 2240 Brookfield Ave Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

World War

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3/6/99

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 36 | 5 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Records

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Samuel Kellert

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachel Kramer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 8-15- 1935

19. UNDERTAKER Jack Lewis Inc

(Address) 1129-31 Eutaw St.

20. FILED 5 1935 (Signature of Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1935 to Aug 13 1935

I last saw him alive on Aug 13 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PNEUMONIA post-operative | 8-12-35 |
| PULMONARY TUBERCULOSIS | 6-1-26 |
| ASTHMA, with CHRONIC BRONCITIS | Same |

Other contributory causes of importance:

Name of operation SECTION VAGUS NERVE Date of 8-10-35

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ed Bruggo M. D.

(Address) .....

F 15232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15232

## CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Danny Small
(a) Residence: No. Penn Hotel 1600 Block Penn Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State) New York

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Aug-10-1900

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 35 | | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) South Carolina
13. NAME OF FATHER David Small
14. BIRTHPLACE (city or town) (State or country) S. C.
15. MAIDEN NAME OF MOTHER Minnie Alston
16. BIRTHPLACE (city or town) (State or country) S. C.
INFORMANT David Smith
(Address) 200 Madison Ave
BURIAL, CREMATION, OR REMOVAL London Cemetery Aug 15 1935
UNDERTAKER Bernard Blakeley
(Address) 818 Druid Hill Ave.
FILED AUG 15 12 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1935
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1935 to August 12, 1935
I last saw him alive on Aug. 12, 1935 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Aug 10 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Bernard Harris, M. D.
(Address) 1207 N Carrollton Ave

D. B 1268-9

5233 Coroners Harn

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15233

82-0

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 15 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius L. Lawson

(a) Residence: No. 3009 Presbury St., Ward. N. Rent

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ Lola Lawson

DATE OF BIRTH (month, day, year) April 6th 1856

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 4 | 8 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Virginia

10. NAME James Lawson

11. BIRTHPLACE (city or town) (State or country) Virginia

12. MAIDEN NAME Jane Lawson

13. BIRTHPLACE (city or town) (State or country) Virginia

14. INFORMANT B. S. Lawson

(Address) 3009 Presbury St.

15. BURIAL, CREMATION, OR REMOVAL Town Church Cemetery

Place Gloucester Point Va Date Aug 16th 1935

16. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

17. FILED AUG 15 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| Cerebral Embolism | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. Harn, M. D. Coroner

(Address) 1265 Hanover

Spec. 6-9-19 B.P. [illegible] Mks.

F 15234

F 15234

# HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 82-B

## CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (NO.) 2730 N. Charles ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah S. Thompson

(a) RESIDENCE. NO. 2730 N. Charles ST., WARD.

(Usual place of abode)

U. S. Veteran No

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Specify Wm Cook

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

6a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wilbur F. Thompson

7 DATE OF BIRTH (month, day, and year) July 29th 1849

| 8 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 0 | 14 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

10 BIRTHPLACE (city or town) (State or country) Birkinghead England

10 NAME OF FATHER Thomas Sutherland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Birkinghead England

Informant (Address) Wilbur S. Thompson 2730 N. Charles st

Filed 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13th 1935

17 I HEREBY CERTIFY, That I attended deceased from 1915, to Aug. 13, 1935.

(that I last saw her alive on August 13, 1935.

and (that death occurred, on the date stated above, at 620 P. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) Some yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Isaac Moorhead, M. D.

Aug 14 1935 (Address) 2435 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

DATE OF BURIAL 8/15/1935

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul st.

F 15235

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15235

## CERTIFICATE OF DEATH

✓ 46-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No Service

2. FULL NAME George H. Moore

(a) Residence: No. 824 N. Linwood Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Mabelle E. Moore

DATE OF BIRTH (month, day, year) July 04 1883

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 0 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Works

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) York Pa.

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Emma Hendrick

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Hospital record.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Aug. 16th 1935

UNDERTAKER Charles J. Schwartz
(Address) 505 N. Monroe St.
Huntington Williams Reg.

FILED AUG 15 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 3PM 8-13 1935 to 4:40 PM 8-13 1935

I last saw him alive on 8-13 1935 Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Esophagus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John N. Barnaby, M. D.

(Address) Maryland General Hosp

F 15236

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15236

## CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 808 E Eager St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Stephen Burke
If U. S. Veteran specify WAR .....

(a) Residence: No. 808 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mal. | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Sabrina Killalea

DATE OF BIRTH (month, day, year) May 7 1857

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 3 | 6 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland
13. NAME John Burke
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Healy
16. BIRTHPLACE (city or town) (State or country) Ireland
INFORMANT Mrs S Burke
(Address) 808 E Eager St

BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 8/16/35
UNDERTAKER Fred Dreidfeld
(Address) 914 Greenmount Ave
FILED AUG 15 1935 Registrar Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan ... 1935 to Aug 13 1935
I last saw him alive on Aug 13 1935 Death is said to have occurred on the date stated above, at 12.45 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis. | |

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? No.
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Mary F. Vaughan M. D.
(Address) 1028 Valley St

F 15237

H. D. B. 1268-9

F 15237

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 3132 Monmouth Ave
CITY OF BALTIMORE: (No. ..... St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabelle Wells Bailey

(a) Residence: No. 3132 Monmouth Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced (or) WIFE of Murray R. Bailey

DATE OF BIRTH (month, day, year) Sept. 5, 1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 11 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Aberdeen Harford Co. Md.

13. NAME Harriet T. Barnes

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Harford Co. Md.

15. MAIDEN NAME Sadie K. Gilbert

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

INFORMANT W. A. Bailey
(Address) 2720 Guilford Ave Balto

BURIAL, CREMATION, OR REMOVAL
Place Rock Run Cem Date Aug 17, 1935

UNDERTAKER H. S. Bailey
(Address) Darlington, Md.

FILED AUG 15 1935, 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to Aug 14, 1935
I last saw h alive on Aug 14, 1935 Death is said to have occurred on the date stated above, at 5-35 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | indefinite |
| Other contributory causes of importance: Uremia | 6 days |

Name of operation none Date of —
What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F. T. Kyper M. D.
(Address) 3321 Federal Ave

rc. 2-29-28—L. F. S.—500 Bks.

F 15238

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15238

## CERTIFICATE OF DEATH

✓ 82-a

REGISTERED NO. .....

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1430 Argyle Ave ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Bettie Neal

(a) RESIDENCE NO. 1430 Argyle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | widow |

If married, widowed, or divorced BUSBAND of (or) WIFE of Robert Neal

ATE OF BIRTH (month, day, and year) ? Dec 25 1870

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 64 | | 7 | 19 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work domestic duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) State or country) Va.

0 NAME OF FATHER Isaac young

1 BIRTHPLACE OF FATHER (city or town) (State or country) Va?

2 MAIDEN NAME OF MOTHER Nancy ?

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Clarence Neal

(Address) 1700 N. Lafayette Ave

Filed 5 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-14-'35

17 I HEREBY CERTIFY, That I attended deceased from 8-12-35, 19 ..., to 8-14-35, 19 ...,

that I last saw her alive on " 35, 19

and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Heat Exhaustion, acute contrib

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. N. Cardozo, M. D.

8-14-'35 (Address) 1524 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 8/18 1935

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St.

D. B. 1268-9

F 15239

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15239

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 19 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Johnson

(a) Residence: No. 222 N. Carey St. St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1920

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 15 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Plata Maryland

13. NAME John L. Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ruth Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John L. Johnson
(Address) 222 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place La Plata, Md. Date 8/17, 1935

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Pennsylvania Ave

20. FILED ..... Registrar.

AUG 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid Fever | |

Other contributory causes of importance:

| | |
|---|---|
| Gastric Hemorrhage | |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1719 E. North Ave

M. D. B. 1269

F 15240

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15240

## CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH: Provident Hospital (East or West) St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Milton Hall

(a) Residence: No. 1347 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Child |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Dec 14 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 5 | 7 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (City or County) (State or Country) Baltimore Md

13. NAME OF FATHER Lyon Hall

14. BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md

15. MAIDEN NAME OF MOTHER Irene Stewart

16. BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co. Md

17. INFORMANT Lyon Hall (Address) 1349 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Date 8/16 1935

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pressman St

FILED AUG 15 1935 Lillington Williams M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12 35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inj. of Head | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/12 1935

Where did injury occur? 1347 N. Stricker St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while crossing street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

(If so, specify) ...

Signed Hubert Bayley Coroner, M. D.

(Address) 542 Park Ave

Frances Groom 15241

15241

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lft yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Groome (Gromm) If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Groomm

DATE OF BIRTH (month, day, year) 1870

| AGE | Years | Months | Days | If LESS than 1 day hrs. min. |
|---|---|---|---|---|
| at | 65 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

INFORMANT Family record
(Address)

BURIAL, CREMATION, OR REMOVAL Date 8/15/35 19

Place Mt Carmel

UNDERTAKER Geo. W. Duffy & Son
(Address) 730 W Baltimore

FILED AUG 15 1935 Huntington [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1935 to 8/13 1935

I last saw h alive on 8/13 1935 Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anterior cerebral Sclerosis | ? |
| | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

✓ F 15242

5242

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Hazelton (4½ mo)

(a) Residence: No. 1810 Sinclair Ave - Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 30 min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercy Hospital Baltimore, Md

13. NAME Dwight Hazelton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Dorothy Capps

16. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 8/13/35

19. UNDERTAKER George A Fraley

(Address) 1800 W. Fayette St

Huntington Whitaker

RPN

8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/11/35

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1935 to August 11, 1935

I last saw her alive on August 11, 1935. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 4½ mos. |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? History mother & size of baby Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, when?

(Signed) J Howard Burns M. D.

(Address) 59 Dundalk Ave.

✓ F 15243.

D. P. 1208-9

5243

302536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Briggs

(a) Residence: No. 521 W. Biddle St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | married |

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Lohristina

DATE OF BIRTH (month, day, year) 1/12/85

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 50 | 7 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... p16

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage worker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Samuel Briggs

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Margaret Stevens

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem 8/16/35

UNDERTAKER Frances A Kemsley (Address) 578 N Biddle St

Huntington Williams, Agt

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6. 1935 to Aug 14. 1935

I last saw h[illegible] alive on August 14. 1935 Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic heart disease | Jan 1935 |
| Myocardial insufficiency | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund L Lightner, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Bks

✓ F 15244

15244

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH 1023 Harlem ave

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST. 16 WARD)

2-FULL NAME Fannie Washington

(a) RESIDENCE NO. 1023 ST. Harlem ave WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Washington

6b DATE OF BIRTH (month, day, and year) 7/1869

7 AGE: Years 65 | Months 11 | Days ..... | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER John Thomas Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Jane Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Ellerson R Washington

(Address) 1023 Harlem ave

Filed 1935, 19 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/14/35

17 I HEREBY CERTIFY, That I attended deceased from July 26, 19 35, to Aug 14, 19 35

that I last saw h alive on Aug 14, 19 35

and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) I. H. Thompkins M. D.

, 19 (Address) 501 N Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 8/16 19 35

20 UNDERTAKER Frances A. Hemsley

ADDRESS 575 W Fiddler

F 15245

5245

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Wyman Park Drive St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John B. Towle

(a) Residence: No. 1196 Adams Street St., Ward. Dorchester, Mass.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) December 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 8 | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pantryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 7-28-35

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Roxbury, Mass.

13. NAME John Towle

14. BIRTHPLACE (city or town) (State or country) ? Ireland

15. MAIDEN NAME Ellen Curry

16. BIRTHPLACE (city or town) (State or country) ? Ireland

INFORMANT U.S. Marine Hospital Records

(Address) Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug 16 19 35

UNDERTAKER Brast Funeral Home

(Address) 118 N. Mt Royal Ave

AUG 16 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935, to August 15, 1935

I last saw him alive on August 15, 1935 Death is said to have occurred on the date stated above, at 1:25a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis, interstitial, chronic, arteriosclerotic type | unknown |
| Cardiac disease, valvular, mitral insufficiency, arteriosclerotic | unknown |
| Cardiac disease, degenerative, of myocardium (hypertensive heart disease) | " |
| Hypertension, arterial, cause ? | " |
| Cardiac disease, coronary arteriosclerosis | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Ceder, P. A. Surgeon, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

(OVER)

N. D. P. 1268-8

15246

30153

✓ F 15246

# HEALTH DEPARTMENT—CITY OF BALTIMORE

+46-E

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Phillips

(a) Residence: No. Bivalve St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie

6. DATE OF BIRTH (month, day, year) 5-22-70

7. AGE

| Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 65 | 2 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Asenath Walker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md. Date 8/17/35 19

19. UNDERTAKER Wm. C. Brenneman & Sons
(Address) Bivalve Md

20. FILED 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to August 14, 1935

I last saw him alive on August 14, 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gall-bladder | |
| Carcinoma of [redacted] | 4 mos. |
| Metastases to liver & peritoneum | 2 mos |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

15247

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15247

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Redwood & Greene Sts., 16 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydney Armstrong

(a) Residence: No. 1635 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX male

4. Color or Race col

5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Armstrong

DATE OF BIRTH (month, day, year) Feb. 20 - 1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 5 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schmidt Baking

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Low Hill
(State or country)

13. NAME Ervin Armstrong

14. BIRTHPLACE (city or town) Low Hill
(State or country)

15. MAIDEN NAME Alverta Jones

16. BIRTHPLACE (city or town) Low Hill
(State or country)

INFORMANT Mary Armstrong

(Address) 1635 W. Lafayette ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 8/15/35 19.

UNDERTAKER Mrs. Geyer & Holly

(Address) 1631 Druid Hill Ave

1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6. 1935. to Aug. 12. 1935.

I last saw h.. alive on August 12. 1935. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Pulmonary Abscess | |
| Staphylococcic Pneumonia | |

Other contributory causes of importance:

Asthenia | 8/7/35

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M. Robinson M. D.

(Address) University Hospital

15248 F 15248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH .. 23

1. PLACE OF DEATH Balto. City Hospitals Div. Registered No.

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Wright

(a) Residence: No. 1118 Linden Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 14-1907

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 5 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carlisle Pa.

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Dentsville Md

15. MAIDEN NAME Harriet Webb

16. BIRTHPLACE (city or town) (State or country) Dentsville Md

INFORMANT Lena Wiley

(Address) 1118 Linden Ave

BURIAL, CREMATION, OR REMOVAL

Place Dentsville Md Date 8/16/35 19

UNDERTAKER Mrs. George H. Bolen

(Address) 1631 Druid Hill

5 1935 Huntington Williams, Asst.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25 1935 to August 12, 1935

I last saw her alive on August 12, 1935 Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1932 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

31. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kardjian M. D.

(Address) Balto. City Hospitals

pec.—1-12-23—MAT—500 Bks.

F 15249

15249

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 16148

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5848 Linden Hts. (ST.) (WARD) 27

2-FULL NAME Beulah C Johnson

(a) RESIDENCE No. 5748 Linden Heights Ter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Johnson

DATE OF BIRTH (month, day, and year): Aug 24-1900

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 11 | 19 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Taking Care of home

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Robert Fribaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: George W. Johnson

(Address): 5748 Linden Heights Ter

Filed 8/14/1935, Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935, to Aug 13, 1935, that I last saw her alive on Aug 13, 1935, and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Dec 1934

Was there an autopsy? no

What test confirmed diagnosis? Pathological

(Signed) E E Nicholson M. D.

8/14/1935 (Address) Pikesville Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: 8/16 1935.

20 UNDERTAKER: Harry A. Deitz 4101 — ADDRESS: Edmondson Ave

5250 E 15250

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

1. PLACE OF DEATH Maryland Gen. Hosp. Registered No.
CITY OF BALTIMORE: (No. 6 St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs. Fernandez Bowen
(a) Residence: No. 600 Linnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva M. Bowen(nee Thom

DATE OF BIRTH (month, day, year) May 27 1901

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Howard R Bowen Father
14. BIRTHPLACE (city or town) (State or country) Connecticut
15. MAIDEN NAME Jeanie Ross Mother
16. BIRTHPLACE (city or town) (State or country) Aberdeen Scotland

INFORMANT Mrs. Eva Bowen
(Address) 600 Linnard St.

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 8/16, 1935

UNDERTAKER Harry H. Witthe
(Address) 4101 Edmondson Ave

FILED 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/30, 1935, to 8/13, 1935
I saw him alive on 8/13/35, 19.... Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Gangrene left leg | |
| 2 Arterio Sclerosis | |
| 3 Acute Acute Intest Embolus | |

Other contributory causes of importance:

Was an operation performed? yes Date of 8/13/35
For what disease or injury? Gangrene left leg
Name of operation Amputation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H Barnaby, M. D.
(Address) Maryland General Hosp

M. D. B 126 F 15251 F 15251

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred 10 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence W. Wheeler If U. S. Veteran specify WAR

(a) Residence: No. 123 Brightside ave. St., Pikesville Md Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1933

7. AGE: Years | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER FATHER

13. NAME Edgar W. Wheeler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth L. Rohde

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Edgar W. Wheeler

(Address) 123 Brightside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 16, 1935

19. UNDERTAKER J. F. Palmer & Sons

(Address) J Westminster Md.

20. FILED AUG 16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the date stated above. about 4 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull Fracture Pneumonia Md | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hoffman Coroner M. D.

(Address) 1215 Bonaparte

M. D. B. 1268-9

F 15252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15252

## CERTIFICATE OF DEATH

√34-3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5335 Maple Ave St. Pimlico (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Bryan

(a) Residence: No. 5335 Maple Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

No Source

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Ida F. Bryan

DATE OF BIRTH (month, day, year) June 23 1866

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | 1 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm Bryan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia Ours

16. BIRTHPLACE (city or town) (State or country) West Va

INFORMANT Ida F. Bryan

(Address) 5335 Maple Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 16 1935

UNDERTAKER H. S. Mayfield Sons

(Address) 3539 Baltimore

FILED Aug 16 1935 Harry Fox Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Aug 13 1935

I last saw him alive on Aug 1 1935 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhages | Aug 13 |
| Other contributory causes of importance: | |
| Acute Uremia | " |

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Charles J. Rees M. D.

(Address) 5276 Park Heights

H. D. B. 1268-9

15253 F 15253

# 15253 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4428 Buena Vista Ave St., 7 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob H. Ronnal

(a) Residence: No. 4428 Buena Vista Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah F Ronnal

DATE OF BIRTH (month, day, year): Dec 14-1861

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 7 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME of Father: J. H. A. Ronnal

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Augusta Roth

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Sarah Ronnal

(Address) 4428 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 16 1935

19. UNDERTAKER: F. D. Marshall

(Address) 35 39 Eutaw St

AUG 16 1935 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 13 .. 1935.

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 ..... 1935. to Aug. 13 ..... 1935.

I last saw him alive on Aug. 13 ..... 1935. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I Uremia | 10 days |
| Chronic Nephritis | Jan. 1935 |

Other contributory causes of importance: Senile Arteriosclerosis years

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L. Whitehurst M. D.

(Address) 4012 Park Heights Ave

M. D. B. 1268 F 15254 F 15254

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Dolphin St., 17 Ward)

Length of residence in city or town where death occurred 48 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Smothers

(a) Residence: No. 734 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Divorced |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 17 1887

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 0 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cont & Owns Druggists 0070

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Elijah Smothers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary J. ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jennie Taylor
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 8/18 19 35

UNDERTAKER Sam'l R. Gaze & Son

(Address) 638 N. Fulton Ave

FILED Huntington Williams, M.D.

AUG 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to Aug 14, 1935

last saw him alive on Aug 11, 1935. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Nephritis & Cardiac Enlargement | Feb 1935 |
| | about |
| Other contributory causes of importance: Arterio Sclerosis | Feb 1935 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Wright M. D.

(Address) 209 Preston Ave

H. D. B. 1268-9 F 15255 Wm. H. Neal Jr. F 15255

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Walter Neal Jr.

(a) Residence: No. 1746 Webster St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 5, 1935

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (Child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. Walter Neal.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Lillie Shnieberg

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT William W. Neal

(Address) 1746 Webster St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 8/17 1935

UNDERTAKER J. F. McCully

(Address) 130 S. Fremont

FILED AUG 15 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 14, 1935

I last saw him alive on May 14, 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | |
| Marasmus | |
| Tuberculosis | |

Other contributory causes of importance:

| | |
|---|---|
| Septicemia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edgar E. W. Wade M. D.

(Address) Sinai Hospital

M. D. B 1268-30 T 15256 T 15256

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 26 St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Francis Cornelius Deckert

(a) Residence: No. 6406 Eastern Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | divorced |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Stella Deckert

6. DATE OF BIRTH (month, day, year) April 6 / 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0540

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor Con Co.

10. Date deceased last worked at this occupation (month and year) Aug 14 35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Francis Deckert

14. BIRTHPLACE (city or town) (State or country) Germany France

MOTHER

15. MAIDEN NAME Mary Probst

16. BIRTHPLACE (city or town) (State or country) Brest Fr

17. INFORMANT Mrs Carrie Wrightbold

(Address) 6406 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 8/17/35 19

19. UNDERTAKER Philip Dervin Sons

(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar

AUG 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis (occlusion of coronaries) | |
| Other contributory causes of importance: exposure in excessive heat | acute |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Edmondson Ave.

F 15257

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15257

66-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Ave St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Baker

(a) Residence: No. 921 Myrtle Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | married |

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Rev. Jas Baker

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 43 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Bessie Berry

14. BIRTHPLACE (city or town) Talbot Co Md.
(State or country)

15. MAIDEN NAME Aletha Berry

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Rev Jas Baker

(Address) 921 Myrtle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Gisin Cem. Date Aug 16 1935

UNDERTAKER Thos Robert A. Elliott

(Address) 1129 Eastwilson

FILED AUG 16 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1935 to 8-13 1935

I last saw her alive on 8-13 1935. Death is said to have occurred on the date stated above, at 9.35 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophied Thyroid Colloid Goiter | |

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 8-13

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. Harris M. D.

(Address) .....

D. B. F 15258

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15258

## CERTIFICATE OF DEATH

✓ 183

Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. In Harbor Quarantine St. Ward)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Hyland Williams
(a) Residence: No. 1812 Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colred | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sedonia 1908

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on call for agency
10. Date deceased last worked at this occupation (month and year) Aug 10
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Bel Air
(State or country) Md.

FATHER
13. NAME Hyland Williams
14. BIRTHPLACE (city or town) Bel Air
(State or country) Md.

MOTHER
15. MAIDEN NAME Lena Lightford
16. BIRTHPLACE (city or town) Bel Air
(State or country) Md.

17. INFORMANT Lena Williams (Mother)
(Address) 1405 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 16 1935
19. UNDERTAKER Mrs Katie R. Wellemeyer
(Address) 322 N. Schroeder

Registrar

AUG 16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest, (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably accidental drowning

Date of onset

Other contributory causes of importance: Unknown

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 11, 1935

Where did injury occur? In Harbor Quarantine Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - in swimming

Manner of injury Accidental drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) 1010 S. Edmondson Ave. Coroner, M. D.

(Address)

F 15259

F 15259

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Druid Hill Avenue St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Ella Dorsey

(a) Residence: No. 1112 Druid Hill Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Married |

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Charles Walter Dorsey

DATE OF BIRTH (month, day, year) Oct 17 1903

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | 9 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic (Dept Work)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic (Day Work)

10. Date deceased last worked at this occupation (month and year) Dec 14 1935

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Hall Town Jefferson County W. Va

13. NAME Webb McKinney

14. BIRTHPLACE (city or town) (State or country) Shepherds Town Jefferson County W. Va

15. MAIDEN NAME Betty Brown

16. BIRTHPLACE (city or town) (State or country) Shepherds Town Jefferson County W. Va.

INFORMANT Charles Walter Dorsey
(Address) 1112 Druid Hill Avenue

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Aug 17, 1935

UNDERTAKER Mrs Katie K. Williams
(Address) 322 N Schroeder St.

FILED AUG 16 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Aug 14, 1935

I last saw her alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Aug 4 35 |
| Respiratory Failure | Aug 14 35 |

Other contributory causes of importance:

Nephritis
Arthritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert L. Cahoon, M. D.

(Address) 1116 Myrtle Avenue

F 15260

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 832 Born Court St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Temple

(a) Residence: No. 832 Bourn Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Temple

6. DATE OF BIRTH (month, day, year) Sept. 15, 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 58 | 59 | 10 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Temple

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Bostick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillie Temple

(Address) 832 Born Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Date Aug. 16, 1935

19. UNDERTAKER Wm. Katz R. Williams

(Address) 322 S. Schroeder St.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 2757 E. Pratt

F 15261 F 15261

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N. Wolfe St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Knight

(a) Residence: No. 1104 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Colbert Knight

7. DATE OF BIRTH (month, day, year): Nov. 21, 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 8 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Lunenburg Virginia

13. NAME Payton Washington

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Junius Knight

(Address) 1104 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 16 1935

19. UNDERTAKER: Robert E. Williams

(Address) 1535 McCulloh St

AUG 16 1935 Huntington, W. Va.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1932 to Aug. 14, 1935

I last saw him alive on Aug. 14, 1935. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Aug. 13 '35 |
| Other contributory causes: Acute Dilatation of Heart | Aug 13 '35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Duffy, M. D.

(Address) 1420 E. Chase

M. D. B. 126

F 15262

F 15262

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

13-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 411 Orleans St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Edward Lyle

If U. S. Veteran specify WAR .....

(a) Residence No. 1411 Orleans St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (Write the word): S

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year): May 15 1935

8. AGE: Years ..... Months 3 Days ..... If LESS than 1 day hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Williams Edward

14. BIRTHPLACE (city or town) (State or country): Smithfield Va

15. MAIDEN NAME: Zeda Shaw

16. BIRTHPLACE (city or town) (State or country): Bennettsville S C

17. INFORMANT: Williams Edwards

(Address) 1411 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Ann Date: Aug 16 1935

19. UNDERTAKER: Robert McAdams

(Address) 1515 McCulloh

20. FILED: 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-15 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute dysentery — Date of onset: June 14 1935

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. S. Allen M. D.

Coroner

(Address) 506 E. Fayette St.

F 15263

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15263

## CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Kenwood Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George J. Schmidt

(a) Residence: No. 632 N Kenwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Schmidt

DATE OF BIRTH (month, day, year) Feby 22-1882

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 5 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph Schmidt

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Anna Schweiger

16. BIRTHPLACE (city or town) (State or country) Bavaria.

17. INFORMANT Caroline Schmidt

(Address) 632 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 17 1935

19. UNDERTAKER Geo M. Frisch Son

(Address) 811 N Wolfe St

FILED ..... 19 ..... A. Funston Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to Aug. 14 1935

I last saw h.. alive on Aug. 12 1935 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma of lungs | May 20 |
| Other contributory causes of importance: Carcinoma of breast | Dec 1934 |

Was an operation performed? Yes Date of March 1935

For what disease or injury? Carcinoma of breast.

Name of operation Complete breast Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Schmidt, M. D.

(Address) 701 N. Kenwood Ave.

M. D. P. 1268-9

F 15264

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15264

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Aliceanna St St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Kociemski

(a) Residence: No. 1821 Aliceanna Street St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 7th 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 4 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Martin Makowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Agnes Nowak (Daughter)

(Address) 600 S. Port Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Aug 17th, 1935

19. UNDERTAKER George A. Weber

(Address) 700 S. Conkling St.

20. FILED Aug 18 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1935 to Aug. 14, 1935

I last saw h.e alive on Aug. 12, 1935 Death is said to have occurred on the date stated above, at 8.4 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Insufficiency Dropsy | |
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Andrew Kuszewski, M. D.

(Address) 2577 Eastern Ave.

F 15265 ✓ F 15265

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 603 E. Chase Street St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. Ellwood

(a) Residence: No. 603 E. Chase St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 23, 1865

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 11 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. overalls, operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Ellwood

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Fannon

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. McDermitt

(Address) 603 E. Chase Street

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Aug. 17, 1935

UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

FILED 19 ..... [illegible]

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to Aug 15, 1935

I last saw her alive on Aug 15, 1935 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart. | |
| Other contributory causes of importance: Myocarditis | |
| Senility | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify .....

(Signed) J. H. MacMunchet, M. D.

(Address) 1119 Greenmount Ave.

15266

# HEALTH DEPARTMENT--CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C F 15266

REGISTERED NO. C .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 528 Dolphin ST. 17 WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Sarah B Sampson

(Residence in Baltimore: No. 1123 Ethring St.: ... yrs. ... mos. ... ds.)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: C

5. SINGLE, ~~MARRIED~~ ~~WIDOWED~~ OR DIVORCED (Write the word): S

6. DATE OF BIRTH: 8 (Month) 13 (Day), 1935 (Year)

7. AGE: 57 yrs. 5 mos. 19 ds. If LESS than 1 day, ... hrs. or ... min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

9. BIRTHPLACE (State or country): md

PARENTS

10. NAME OF FATHER: Dont Know

11. BIRTHPLACE OF FATHER (State or country): Dont know

12. MAIDEN NAME OF MOTHER: Margt A Collins

13. BIRTHPLACE OF MOTHER (State or country): md

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edmonia Hamilton

(Address) 528 Dolphin Sted

15. Filed ... 193... Huntington Williams M.D. REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Aug (Month) 13 (Day), 1935 (Year)

17. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Aug 13 1935.
that I saw h[illegible] alive on Aug 13, 1935.
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) 3 yrs. ... mos. ... ds

Contributory (SECONDARY) Arteriosclerosis

(Duration) 3 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Aug 13, 1935. (Address) 1202 Druid Hill Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted.
If not at place of death?
Former or usual residence

19. PLACE OF BURIAL OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Aug 16 1935

20. UNDERTAKER: Mrs Geo L Holland

ADDRESS: 1631 E. Lo[illegible]

H. D. B. 1268-9

F 15267

F 15267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1831 W. Baltimore St., 19 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretha Hoffmeister

(a) Residence: No. 1831 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of August Hoffmeister

DATE OF BIRTH (month, day, year) Nov 8 1848

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 86 | 9 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Karl Ruppel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Regina Held

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs Ernest Aornsdorf

(Address) 1831 N Baltimore St

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date 8-17th 1935

UNDERTAKER Mrs Chas A. G. Rohde

(Address) 2327 Edmondson Ave

FILED Huntington Williams Registrar

AUG 16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1 1935 to August 14 1935

I last saw her alive on August 13 1935. Death is said to have occurred on the date stated above, at 12.15 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Arteriosclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Asthenia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj C. McCray M. D.

(Address) 500 N Payson

F 15268 ✓ F 15268

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

349-931

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred. Campbell

(a) Residence: No. 844 W Lexington St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Unknown |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1885

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) S. C. Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Roberta Sutton
(Address) 844 W. Lexington

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 8/16 35

UNDERTAKER Howard P. Bruckley
(Address) 818 Druid Hill Ave.

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/21 1935 to 8/14 1935

I last saw him alive on 8/14 1935 Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day. |
| Myocardial insufficiency | ? |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 15269

5269

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 20

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Bond

(a) Residence: No. 2801 W. Mulberry Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

(If married, widowed, or divorced) (or) WIFE of Lawrence Bond

DATE OF BIRTH (month, day, year) Aug 21st 1907

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | 11 | 25 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month, day, year) July 1935

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

13. NAME Herbert W. Danner

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Lola E. Brummell

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

INFORMANT Mr. John Danner (Brother)

(Address) 2801 W. Mulberry St..

BURIAL, CREMATION, OR REMOVAL

Place Shiloh, Carroll Co Date Aug 17, 1935

UNDERTAKER Edward C. Fisher

(Address) Hampstead Md

Filed 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28 1935 to Aug 15 1935

I last saw h alive on June 12 1935 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and Related causes of importance were as follows:

Peritonitis following abortion, — Date of onset

Other contributory causes of importance;

Name of operation None Date of

What test confirmed diagnosis? Hospital report Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Patient sick at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Cause unknown

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

. D. B. 1268-9

✓ F 15270

15270 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General Hosp St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Haberkorn

(a) Residence: No. 3721 Fifth St (Brooklyn) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B. Haberkorn

DATE OF BIRTH (month, day, year) June 23-1874

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 1 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adolphus Umlauff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Richard Haberkorn

(Address) 3721 - 5th St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 17 1935

UNDERTAKER Margaret L. Thum

(Address) Ft Wright Md.

6 1935 Huntington Hillsboro Ohio

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1935 to 8-14 1935

I last saw her alive on 8-14 1935 Death is said to have occurred on the date stated above, at 8.40 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| Arterio-Sclerosis | |
| Cerebral Thrombosis | 8/7/35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Paul Leyhe, M. D.

(Address) 530 N. Fayette Ave

M. D. F. 1268-5

F 15271

5271

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Dickel

(a) Residence: No. 1743 North Chester St., ... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

6. If married, ~~widowed, or divorced~~ (or) WIFE of George E. Dickel

7. DATE OF BIRTH (month, day, year) April 17th 1878

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew George

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Catherine Schramm

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) George Dickel 1743 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Date Aug 17th 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ... 1935 Huntington Williams ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 . 1935 to August 13 . 1935

I last saw her alive on August 13 . 1935 Death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Diabetes mellitus | |
| 2. Cellulitis L/l thigh | |
| 3. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagenseller M. D.

(Address)

15272 F 15272

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-9-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Renner

If U. S. Veteran specify WAR

(a) Residence: No. 116 Montford Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 11th 1898

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 4 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 5 yrs

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Renner

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Gleason

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Catherine J. Wilhelm

(Address) 1024 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 9th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, M.D.

Registrar

8 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/2 1935 to 8/10 1935

I last saw her alive on 8/10 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 8/1/35 |
| Subarachnoid Hemorrhage | 8/1/35 |
| Hypertension | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

H. D. B. 1268-9

15273 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15273

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Light St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Reeder

(a) Residence: No. 914 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Amos Reeder

DATE OF BIRTH (month, day, year) Sept 27 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 10 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Richard Bristow

14. BIRTHPLACE (city or town) (State or country) Ciel Co Md

15. MAIDEN NAME Sarah J. Tasman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Miss Annie E Bristow

(Address) 833 Williams st

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 17, 1935

UNDERTAKER John F Denny

(Address) 715 Light St.

FILED Aug 17 1935 Harrington Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to Aug 13, 1935.

I last saw h 4 alive on Aug 13 1935. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6 hrs |
| Other contributory causes of importance: Arteriosclerosis | 7 Yrs. |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C Whelle M. D.

(Address) 729 Williams st

16 1935 D

5274 ✓ F 15274

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-a-107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 14 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Crosby

(a) Residence: No. 2208 N. Culloh St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) 5-23-35

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | 2 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Crosby

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Agnes Coombs

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Pauline Coombs

(Address) 2208 N. Culloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Aug 16 1935

UNDERTAKER George M. Shipton

(Address) 1785 Edmondson Ave

Huntington Millington Md

(Signature of Registrar)

8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1935 to 8-15, 1935

I last saw him alive on 8-15, 1935 Death is said to have occurred on the date stated above, at 11:15 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 8-14-35 |
| Other contributory causes of importance: Congenital syphilis | Birth |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Elizabeth L. Langhelley, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

E 15275

15275

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V X 210-M

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: Hospital Not Married (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME: Leonidus Welton Kendall

(a) Residence: Kent Ave Catonsville Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Male | White | Child |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 12-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 8 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington DC

13. NAME OF FATHER Leonard Kendall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Ellen Harrington

16. BIRTHPLACE (city or town) (State or country) Hendricks Va

17. INFORMANT Mrs Married L. Doty

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Date Aug 17, 1935

19. UNDERTAKER Easton Sons

(Address) Catonsville

Huntington Williams, Registrar.

AUG 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Skull Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Homicide? Accident Date of injury 8/15, 1935

Where did injury occur? Kent Ave (Vacant Lot) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Vacant lot occupied by trailer

Specify how injury occurred Locked over child

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Harlan Bailey (Automobile) M. D.

Coroner

(Address) 5 W Pad 2424

D. B. 1268-9

F 15276

15276

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Monument St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanislaus James Idzi

(a) Residence: No. 2929 Fait Avenue St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1913

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 22 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clamfisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candle Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Biloxi Miss

13. NAME Frank Idzi

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Wodejchak

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Frank Idzi

(Address) 2927 Fait Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 8/19 35

UNDERTAKER John J. Linda

(Address) 258 N. Stricker St

FILED 8 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935 to August 15, 1935

I last saw him alive on August 15, 1935. Death is said to have occurred on the date stated above, at 9 45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute Bacterial Endocarditis | 7-14-35 |
| Cerebral Embolism (Left Hemiplegia) | 8-9-35 |
| Rheumatic Fever | 1927 (?) |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Embolism to left arm and right leg | 8-15-35 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Bernard J. Lidyan M. D.

(Address) Sinai Hospital

M. D. F. 1268-9

F 15277

5277

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 24 E Hennerita St., 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Bramble

(a) Residence: No. 24 E Hennerita St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fmal | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 14 1935

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Morris R Bramble

14. BIRTHPLACE (city or town) Cambridge
(State or country) Md

15. MAIDEN NAME Louise E Penn

16. BIRTHPLACE (city or town) Elliott City
(State or country) md

INFORMANT Mr Morris R Bramble

(Address) 24 E Hennerita st

BURIAL, CREMATION, OR REMOVAL

Providence Church Cem, Aug 17 1935

UNDERTAKER John T Denny

(Address) 915 Light St

M.D. 5 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14/35 to Aug. 16/35

I last saw her alive on Aug. 16/35. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Jaundice of the New Born. | Aug 15/35 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Mary Reed Church M. D.

(Address) 933 Hanover st.

D. B. 1468-2

15278

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15278

## CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Park Ave St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Virginia Gault

(a) Residence: No. 1422 Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of Matthew Gault

6. DATE OF BIRTH (month, day, year) Mar 25 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | 4 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester
(State or country) Virginia

13. NAME Joseph H. Ruddach

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Sarah Ann Griffith

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Matthew Gault

(Address) 1422 Park Ave (Son)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Aug 17. 1935

19. UNDERTAKER Henry Dankmeyer Son & Co

(Address) N. Eutaw & Lanvale Sts

20. FILED ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 33 1935 to Aug 16 1935

I last saw her alive on Aug 16 1935 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Gradual |
| Paralysis Agitans, | over |
| Arterio-Sclerosis | |
| Hypostatic Congestion | |

Other contributory causes of importance: Pulmonary Edema — 1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Purdy, M. D.

(Address) 1403 Park Ave.

F 15279

15279 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Chew

(a) Residence: No. 1515 W. Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Chew

DATE OF BIRTH (month, day, year) 1889

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 46 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Solomon Bolden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Priscila Boston

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Carroll Chew

(Address) 702 N. Olphins St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8-18-, 1935

UNDERTAKER Bryant & Francis W. Wright

(Address) 1218 Mc Cullough St

1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-23-, 1935 to 8-15-, 1935

I last saw her alive on 8-15-, 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | ? |
| Other contributory causes of importance: Secondary Anemia | ? |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt J. Martin M. D.

(Address) Balto. City Hospitals

F 15280

D. B 1268-9

5280

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ x 36

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Pakoski

(a) Residence: No. Stemmers Run, Md. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) December 3-1934

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 8 | 12 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME Alexander Pakoski

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Lenski

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

INFORMANT Alexander Pakoski

(Address) Back River, Md.

BURIAL, CREMATION, OR REMOVAL

Place Polish Lutheran Date 8/18, 1935

UNDERTAKER Tom S. Tadlowski

(Address) 2007 Eastern Ave

FILED 8/17 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia (Unknown origin) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

..... If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North ave.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15281 F 15281

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2851 W. North Ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Cumming Boyd

(a) Residence: No. 2851 W. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie E. Boyd.

DATE OF BIRTH (month, day, year) June 8, 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 2 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Wm. A. Boyd.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Lydia Cumming

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

INFORMANT Mrs. Carrie E. Boyd

(Address) 2851 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 17 1935

UNDERTAKER Wm. H. Keyser Sons.

(Address) Ford & Graves.

Attn: Arlington Williams

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935 to Aug 15 1935

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Chronic Myocarditis | |
| Chronic Nephritis | |

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. K. Nelson M. D.

(Address) 2757 W. Mosher St

M. D. B 1268-9

15282 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15282

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 E. Fitting St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Asplemeyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 400 E. Fitting St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Asplemeyer

6. DATE OF BIRTH (month, day, year) Oct 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 910 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — old

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry W. Ehler

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Louisa (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Herman Toock

(Address) 3701 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 17, 19 35

19. UNDERTAKER Wm J. Tickner & Son

(Address) Math & Pulaski

[illegible] Huntington Williams, M. D.

7 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268-9

283

✓ F 15283

# HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospital) 10 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McClennan If U. S. Veteran specify WAR .....

(a) Residence: No. 727 Ensor St., ..... Ward. .....
(Usual place of abode) Ensor (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced • HUSBAND of (or) WIFE of Bessie McClennan

6. DATE OF BIRTH (month, day, year) Aug 20, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 11 | 25 | |

OCCUPATION

8.-Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Bessie McClennan
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Aug 17th 1935

19. UNDERTAKER Mrs. Robt Elliott-Haughton
(Address) 1169 Carolina St
Huntington Williams Inc Mgr.

20. FILED Aug 17th 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral effusion | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Wagner Coroner M. D.

(Address) 1010 S. Ellwood Ave

H. D. B 1268-9

F 15284

# HEALTH DEPARTMENT—CITY OF BALTIMORE

5284

## CERTIFICATE OF DEATH

77-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Davis

(a) Residence: No. 2128 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1933

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Edward Davis

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Susie Harris

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Susie [illegible] Harris
(Address) 2128 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place MM-Cabarrus Co. Date Aug 17th 1935

19. UNDERTAKER Mrs. Ritter & Elliott-Slaughter
(Address) 1122 Eastern Ave

Filed 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lead Encephalitis | Aug 14 |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schenten M. D.
Coroner

(Address) 1919 E. North Ave.

15285 ✓ F 15285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Witt

If U. S. Veteran specify WAR

(a) Residence: No. 15 N. Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Mary Blanch Witt

DATE OF BIRTH (month, day, year) July 12 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. & W. R. R. (Va.)

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Daniel B. Witt

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucy Cox

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Mary B. Witt

(Address) 15 N. Carrollton ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 16 1935

UNDERTAKER J. F. B. Shubert & Son

(Address) 1300 Eastern Ave

FILED: Aug 16 1935 Huntington White Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1935 to 8/15 1935

I last saw him alive on 8/15 1935. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 day |
| Arteriosclerosis | ? |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

H. D. B 1268-9

✓ F 15286

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15286

## CERTIFICATE OF DEATH

191

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Lying Hospital (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Jane Hammond

(a) Residence: No. 509 Norris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Hammond

DATE OF BIRTH (month, day, year) 9-? 186?

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 11 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince Annes Co Md

13. NAME Daniel Jennings

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ella Jane Hammond

(Address) 509 Norris St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 8/17-35 19..

UNDERTAKER Chas G. Cooper

(Address) 514 N Calhoun St

... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935 to Aug 14, 1935

I last saw ... alive on Aug 14, 1935 Death is said to have occurred on the date stated above, at 12⁰⁵ p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Aug 13 1935 |

Other contributory causes of importance:

Heat Exhaustion

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) George L Allen M. D.

Coroner

(Address) 507 Linganore St

M. D. B. 1268-9

✓ F 15287

15287

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

99

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Carter ave. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 99 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 99 yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Sommers

(a) Residence: No. 5301 Carter ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob Sommer

6b. DATE OF BIRTH (month, day, year): Aug. 9th 1842

7. AGE: Years 93 | Months 0 | Days 6 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Waldenberg Germany

13. NAME: Mathew Schmidt

14. BIRTHPLACE (city or town) (State or country): Unknown Germany

15. MAIDEN NAME: Sarah Gilmore

16. BIRTHPLACE (city or town) (State or country): Unknown Germany

17. INFORMANT: Mrs Mary Kabs

(Address) 5301 Carter ave.

18. BURIAL, CREMATION, OR REMOVAL: London Park Date Aug 19 1935

19. UNDERTAKER: Frederick Leas Son & Sons

(Address) 2451 Gilmor Road

19 FILED 8/19/1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1935 to Aug 15 1935

I last saw h... alive on Aug 15 1935 Death is said to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mesenteric Thrombosis | Aug 14 |

Other contributory causes of importance:

Mesenteric Thrombosis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geary A. Lone M. D.

(Address) 5307 Harford Rd

M. D. B. 1263-9

15288 F 15288

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bret City Hospital St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Green Tasker

(a) Residence: No. 1809 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | married |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander Tasker

6. DATE OF BIRTH (month, day, year) Aug. 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 43 | — | unknown | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0537

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Green

14. BIRTHPLACE (city or town) Bret (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Alexander Tasker

(Address) 1809 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 17, 1935

19. UNDERTAKER Robert J. Kirk & Sons

(Address) 1505 W. Fayette St.

20. FILED Aug 17 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis etc. | |

Other contributory causes of importance: Carcinoma Cervix Uteri

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. R. Wright M. D.

(Address) 1010 S. Ellwood Ave. Coroner.

✓ F 15289

15289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

158

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13.S.Pearl St., 4th Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Joseph Sparrow

(a) Residence: No. 13.S.Pearl St., .....Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 6, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | * | 6 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore.Md.,
(State or country)

13. NAME John Sparrow

14. BIRTHPLACE (city or town) Baltimore.Md.,
(State or country)

15. MAIDEN NAME Augustine Wilkison

16. BIRTHPLACE (city or town) Baltimore.Md.,
(State or country)

17. INFORMANT John Sparrow
(Address) 13.S.Pearl St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug. 17, 35

19. UNDERTAKER John Trebilcock
(Address) 1223 Light St. Huntington Williams, Nor

AUG 17 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 35

22. I HEREBY CERTIFY, That I attended deceased from June. 30, 1935 to Aug 16, 1935

I last saw h.IM alive on Aug 16, 1935 Death is said to have occurred on the date stated above, at 8.a.P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mal Nutrition, | |
| Date onset. about. | |
| 2 Wks after birth from | |
| Information from Father | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. J. Costello, M. D.

(Address) 335. E. 31st St.

M. D. B 1268-9

F 15290

5290

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Edward Sniderski If U. S. Veteran specify WAR

(a) Residence: No. 1207 S. Decker Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 27 1925

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 10 | 1 | 26 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Sniderski

14. BIRTHPLACE (city or town) (State or country) Buffalo New York

MOTHER

15. MAIDEN NAME Helen Graczkowska

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Helen Sniderski

(Address) 1207 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loch Raven Date Aug 19 1935

19. UNDERTAKER Martin W. Kappel

(Address) 32 Lexington St.

20. Aug 17 1935 Huntington Williams, Registrar

APH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gastro enteritis | Aug 10 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

5291

E 15291

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 E. 31st St., St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph G. Bauer

(a) Residence: No. 2023 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) June 3 1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 2 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME George Bauer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Appolonia Schaefer

16. BIRTHPLACE (city or town) (State or country) Balto - Md

17. INFORMANT Mr. George F. Bauer

(Address) 2023 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Most Holy Redeemer Date Aug 19 1935

19. UNDERTAKER Geary Hoeck & Sons, Inc

(Address) 1301 E. Eager St.

20. FILED Huntington Williams, Registrar.

1935 SEP 11

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935, to August 15, 1935

I last saw h... alive on Aug 15, 1935 Death is said to have occurred on the date stated above, at 7.5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Head of Pancreas | 1934 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor Goldberg, M. D.

(Address) 1527 N. Patterson Park Ave

M. D. U. 1265 F 15292 F 15292

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH St. Agnes Hospital, Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary McGee If U. S. Veteran specify WAR. None

(a) Residence: No. 1825 Eagle St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Machael T. McGee

6. DATE OF BIRTH (month, day, year) Oct. 31st, 1843

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 91 | 92 | 6 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wade H. Hanson
(Address) 2322 West Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 19th.

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED ..... 19 ..... Registrar.

Aug 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above. Aug. 16th 35

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation of the heart . following fracture of right femur. | |
| | |
| | |
| | |

Other contributory causes of importance:
Hypostatic Pneumonia

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..... 19.....

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture of Rt. Femur

1935

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify Thos. H. Phillips

(Signed) ..... Coroner M. D.

(Address) 1939 Edmondson Ave.

B 1268-9

5293

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15293

59

## CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thomas G Dobry ..... U. S. Veteran? No

(a) Residence: No. 1601 Eareckson Place St., ..... Ward. ..... Specify W.S.

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| le | white | married |

married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

TE OF BIRTH (month, day, year) Oct 22 1858

| E Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 9 | 24 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Cvecho Slovzkia

12. NAME ? Dobry

13. BIRTHPLACE (city or town) (State or country) Cvecho Slovkia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Cvecho Slovkia

INFORMANT Joseph Prochaska

(Address) 715 N Chester St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date 8/19/35

UNDERTAKER William Cook

(Address) 1217 St Paul St.

AUG 18 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Chronic nephritis

Date of onset

Other contributory causes of importance:

Diabetes Mel.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

15294 F 15294

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 12w Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... (or) Regt. .....

2. FULL NAME Frederica Wagner.

(a) Residence: No. 1604 Greenmount Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of James A. Wagner

DATE OF BIRTH (month, day, year) Aug 1st 1854

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 0 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT James A. Wagner

(Address) 1604 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 19th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED AUG 19 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1935 to 8/16 1935

I last saw her alive on 8/16 1935 Death is said to have occurred on the date stated above, at 3 05 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1-2 Day |
| Arteriosclerosis | 3 " |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

15295

F 15295

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Workhouse

2. FULL NAME Hugh Gifford

(a) Residence: No. 417 E. 21st St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Emma Gifford

DATE OF BIRTH (month, day, year) April 8th 1858

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 4 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Potter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pottery

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James F. Gifford

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Ann Downs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James F. Gifford

(Address) 205 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 19 1935

19. UNDERTAKER Wms Cook

(Address) 1217 St Paul St

AUG 18 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1935 to 8/16, 1935

I last saw him alive on 8/16, 1935 Death is said to have occurred on the date stated above, at 10½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lesion of Spinal Cord | new |
| Causing Paraplegia | 7 mo. |
| Intestinal Obstruction ? | 6 hr. |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

F 15296

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15296

## CERTIFICATE OF DEATH

√23

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Bess

(a) Residence: No. 1627 Druid Hill ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col | Married |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June. 10. 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 2 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Henry Adams

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Fannie Coleman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date 8/18/35

19. UNDERTAKER W. Ernest Darne

(Address) 432 - 4 St. N.W. Wash. D.C.

20. FILED AUG 19 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1935, to August 13, 1935.

I last saw her alive on August 13, 1935. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | May 1935 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospital

15297 Schadty F 15297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3110 E. Fayette St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August H. Schadty
If U. S. Veteran specify WAR. No

(a) Residence: No. 3110 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Effie Schadty

6. DATE OF BIRTH (month, day, year) Mar. 1 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 5 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Henry Schadty
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Margaret Wohr
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Warner
(Address) 3110 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL
Place Zion Church Cem. Date Aug. 19 1935

UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St.

FILED AUG 19 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935 to August 16, 1935
I last saw him alive on August 16, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer at opening of Oesophagus into Stomach | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Allen C. Beetham M. D.
(Address) 3139 E. Baltimore St

F 15298

F 15298

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. Baltimor General St. 25 Ward)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Mack

(a) Residence: No. 3918 9th Brooklyn St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | SINGLE |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) MAY 31, 1870

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 2 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1061

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

13. NAME WILLIAM MACK

14. BIRTHPLACE (city or town) (State or country) BALTO. MD

15. MAIDEN NAME Katherine Altruth

16. BIRTHPLACE (city or town) (State or country) MD

INFORMANT William Mack

(Address) 3918 - Fourth St. Brooklyn

BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Aug 20, 1935

UNDERTAKER A. Howard Evans

(Address) 1401 - 11 Lafayette Ave

FILED AUG 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from AUG 16, 1935 to AUGUST 17, 1935

I last saw him alive on AUGUST 17, 1935. Death is said to have occurred on the date stated above, at 1 20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| DIABETES MELLITUS. | |
| DIABETIC COMA. | 8/16/35 |

Other contributory causes of importance:

CEREBRAL THROMBOSIS

Name of operation NONE Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Alberic E. W. Woolf M. D.

(Address) South Balto General

F 15299

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15299

## CERTIFICATE OF DEATH

145-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ola Brinkman

(a) Residence: No. 2025 Payson St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Brinkman,

DATE OF BIRTH (month, day, year) June 8, 1915

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 2 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edgar Wheeler,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lillian Brown,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. MD.

17. INFORMANT Charles S Brinkman

(Address) 2025 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug. 19. 1935

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave.

Huntington for Williams, Reg.

FILED AUG 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to August 15, 1935

I last saw h[illegible] alive on August 15, 1935. Death is said to have occurred on the date stated above, at 8.45 ? m.

The principal cause of death and related causes of importance were as follows:

puerperal sepsis — Date of onset Aug 4

Other contributory causes of importance:

peritonitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elizabeth L Scarafiotti M. D.

(Address) Baltimore City Hospitals

D. B. 126

F 15300

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15300

93-C

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Cliftview St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Joseph Brown

(a) Residence: No. 1641 Cliftview St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced. HUSBAND of (or) WIFE of Pauline Fischer Brown

DATE OF BIRTH (month, day, year) Sept 20, 1876

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 10 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) 4 mos. ago 11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary Haller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Pauline Brown

(Address) 1641 Cliftview

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 20, 1935

UNDERTAKER Leo N Little

(Address) 2700 Edmondson Ave

FILED 8 19 1935 Irvington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-27-1933 to 8-17-1935

I last saw him alive on 8-16-1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Bronchitis | 5/27/33 |
| Emphysema | |
| arthritis Spine. | |
| Other contributory causes of importance: | |
| Myocard. Insufficiency | about 1 yr. |
| Myocarditis | |
| over | |

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. B. Seybert M. D.

(Address) 2802 Harford Ave

F 15301

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15301

93-c

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Dupomt Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry E. Gempp,

(a) Residence: No. 3320 Dupont Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia E. Gempp,

DATE OF BIRTH (month, day, year) October 8.1879

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 10 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Salesman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... p66

10. Date deceased last worked at this occupation (month and year) Aug 14 1935

11. Total time (years) spent in this occupation 16Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Gempp,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sadie Myers,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs Amelia E Gempp

(Address) 3320 Dupont Ave.

BURIAL, CREMATION, OR REMOVAL Date AUG 19 1935

Place Loudon Park

UNDERTAKER Geo H Little

(Address) 2700 Edmondson Ave

FILED AUG 19 1935 Registrar. Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to Aug. 15, 1935

I last saw him alive on Aug. 14, 1935. Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 6/6/35 |
| Other contributory causes of importance: Myocarditis, Cardiac dilatation | 1934 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L Urban Grabb M. D.

(Address) 817 Park ave.

F 15302

F 15302

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

xV 349-931

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., No Ward)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ambrose Walters.

(a) Residence: No. Reisterstown. Md. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 19 1857

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 1 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm. Walters

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Barry

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug 19 1935

UNDERTAKER Geo. W. Teile
(Address) 2405 Edmondson Ave

FILED 8 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1934 to 8/16 1935

I last saw him alive on 8/16 1935 Death is said to have occurred on the date stated above, at 2 40 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 4 days |
| Arteriosclerosis | ? |
| Hypertension. | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

F 15303

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15303

131

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 511 Allendale Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Farrell
If U. S. Veteran specify WAR .....

(a) Residence: No. 511 Allendale Ave St., Ward.
(Usual place of Abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz M. Stand

DATE OF BIRTH (month, day, year) 2/2/1868

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 6 | 1428 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME John Farrell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Rock

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) J W. Farrell 62 N. St Dunstan Rd

BURIAL, CREMATION, OR REMOVAL
Place Mangi Farms Date 8/19/35 19

UNDERTAKER (Address) J. J. Foley & Sons 318 Light St.

FILED Huntington Williams M.D.

AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Aug 16, 1935
I last saw h. is alive on Aug 16, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Renal | |
| Vascular disease | |
| Arteriosclerosis | 5 yrs |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. W. Wheaton, M. D.

(Address) 1309 York Rd

F 15304

F 15304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 53-E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt. Ward 10)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yr. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clifton Suter (Clifton E. Suter) If U. S. Veteran specify WAR .....

(a) Residence: No. 707 E. Biddle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Agnes Suter

DATE OF BIRTH (month, day, year) January 2, 1887

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 7 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer -Elec.Div.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 14 mos

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mr. Suter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mr. Richard Suter
(Address) 707 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Aug. 19, 1935

19. UNDERTAKER Robt. H. Cook
(Address) 1005 W. Baltimore St.

20. FILED 8 1935 By Annie Lee Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1935 to 8-16, 1935
I last saw him alive on 8-15, 1935 Death is said to have occurred on the date stated above, at 1:25 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Spine - | ? |
| Other contributory causes of importance: Myocardial failure | 1wk |

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation none Date of —
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt. J. Martin M. D.
(Address) Balto. City Hosp.

M. D. F 12681 F 15305

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15305

## CERTIFICATE OF DEATH

36

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dobbs (James B. Dobbs)

(a) Residence: No. 1311 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathryn E. Dobbs

7. DATE OF BIRTH (month, day, year) December 13, 1894

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 8 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Enamel & Stamping Co

10. Date deceased last worked at this occupation (month and year) August 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Marietta Georgia

13. NAME Oscar Dobbs

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Irene

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Mrs. Kathryn B. Dobbs
(Address) 1311 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date August 19 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

20. FILED AUG 18 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1935 to Aug 16 1935

I last saw h. alive on Aug 16 1935 Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | Aug 6 |
| Tooth removed | Aug 1 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Charles H. Rein M. D.

(Address) University Hospital.

15306 F 15306

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Eutaw Place St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Celia Sindler

If U. S. Veteran specify WAR

(a) Residence: No. 2419 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Aaron Sindler

7. DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Sarah Kramer

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Aaron Sindler

(Address) 2419 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Washington Rd. Date 8/18/35 19

19. UNDERTAKER: Levy Bros.

(Address) 1437 Eutaw Pl.

19. FILED 8 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from July 23 1935 to Aug 16 1935

I last saw h[illegible] alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis; Cerebral arterio sclerosis — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis, Cardiac asthenia — Date of onset several yrs.

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) Benjamin Pushkin M. D.

(Address) Medical Arts Bldg.

M. D. 13307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15307

## CERTIFICATE OF DEATH

✓ 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Cann

(a) Residence: No. 3021 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E. Cann

DATE OF BIRTH (month, day, year) Aug. 16-1890

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 11 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md.

13. NAME OF FATHER George T. Bolster

14. BIRTHPLACE (City or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Ella Cruser

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Miss Ella Cann

(Address) 3021 Brighton St.

BURIAL, CREMATION, OR REMOVAL

Greenmount. Date Aug. 19 35

UNDERTAKER Margaret F. Flynn

(Address) 1427 Light St.

FILED AUG 19 1935 A. Easton Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 19 35

22. I HEREBY CERTIFY, That I attended deceased from 8/7/35 19 to 8/16/35 19

I last saw h alive on 8/16 19 35. Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

Polypi of uterus — Date of onset 8/12/35

Curettement

Post operative Peritonitis?

Other contributory causes of importance:

Carcinoma of right breast.

Name of operation Curettement Date of 8/12/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Alessi M. D.

(Address) West Balto Gen'l Hosp.

M. D. B. 1939-9 F 15308 Di Palmer F 15308

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 albemarle St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Di Palmer

(a) Residence: No. 244 albemarle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married ~~Not~~

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: angelo de Palmer

6b. DATE OF BIRTH (month, day, year): Feb. 6 1876

7. AGE: Years 59 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W. 37 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy.

13. NAME: Angelo Pardone

14. BIRTHPLACE (city or town) (State or country): Italy.

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Italy.

17. INFORMANT: Anthony Sessi
(Address) 244 albemarle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 19, 1935

19. UNDERTAKER: Frank V. Pipitone
(Address) 2318 E. Baltimore St

20a. FILED AUG 19 1935 20b. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1935 to 8-16, 1935.

I last saw h[illegible] alive on 8-16, 1935. Death is said to have occurred on the date stated above, at 10a. m.

The principal cause of death and related causes of importance were as follows:

Carsinoma of Stomach - Inoperable. — Date of onset 1933

Other contributory causes of importance:

General carsinomatosis — 6 Mo

Name of operation: non — Date of operation:

What test confirmed diagnosis? Clinical Microscopic — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Demarco MD, M. D.

(Address) medical arts bldg

F 15309 F 15309

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? 75 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR Indian War.

2. FULL NAME Mrs. KAREN WADSTEN

(a) Residence: No. Elizabeth City, N. C. St., Ward. Elizabeth City N

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Frederick Wadsten

6. DATE OF BIRTH (month, day, year) March 21, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 4 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME Erick Sorenson

14. BIRTHPLACE (city or town) (State or country) Norway.

15. MAIDEN NAME Karen ?

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Mrs. Hannah G. Catlett (daughter)

(Address) Norfolk Va

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabeth City N Date Aug. 19 19 35

19. UNDERTAKER Lewis H. Morris (L. H. Morris)

(Address) 108 W. Main St.

20. FILED AUG 18 1935 Hunter Tate Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-18-35. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1935, to 8-18-35, 19....

I last saw her alive on 8-18-35, 19.... Death is said to have occurred on the date stated above, at 12:05 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mediastinitis | |
| | |
| | |
| | |

Other contributory causes of importance:

Chronic Myocarditis; chronic glomerular nephritis; arteriosclerosis. C.V. disease.

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of No

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

M. D. B 126-1 F 15310 F 15310

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 183

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. in Harbor Hosp of Clinton St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis Higgs If U. S. Veteran specify WAR .....

(a) Residence: No. 111 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) May 15 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 22 | 3 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Scotland Neck (State or country) North Carolina

FATHER

13. NAME David Scotland Neck

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) North Carolina

17. INFORMANT Mrs. Mattie Higgs (Address) 111 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date Aug 18 1935

19. UNDERTAKER John C. Miller (Address) 2435 E. Oliver St.

20. FILED Aug 19 1935 J. Fletcher Willis Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| drowning | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Aug 15, 1935
Where did injury occur? in Baltimore Harb. Hosp. of Clinton
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public place
Manner of injury in swimming
Nature of injury drowning.

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) W. M. Wright, M. D.
(Address) 1010 S. Ellwood Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

F 15311

F 15311

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× √24

1—PLACE OF DEATH Childrens Hospital School REGISTERED NO. 15

CITY OF BALTIMORE: (No. Gremaping Lane & 41st ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis Hayden

(a) RESIDENCE NO. Leonardtown St. Marys Co ST., Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, and year) June 29, 1932

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 1 | 1920 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Leonardtown

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

Informant Wm Haydens

(Address) Leonardtown Md

Filed Aug 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18, 1935

17 I HEREBY CERTIFY, That I attended deceased from February 7, 1930 to Aug 18, 1935

that I last saw him alive on Aug 17, 1935

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ✓ yrs. ✓ mos. 2 1 ds.

CONTRIBUTORY (Secondary) Tuberculous left Hip

(duration) ✓ yrs. 7 mos. ✓ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? 1 yes Date of Aug 7, 1935

Was there an autopsy? no

What test confirmed diagnosis? Spontaneity of all extremities

(Signed) Raymond E. Leonard, M. D.

Aug 18 1935 (Address) 1107 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Joseph C. Mattingly

DATE OF BURIAL Leonardtown 8-18-35

20 UNDERTAKER Medlers

ADDRESS Medlers

M. D. S. 12699 F 15312

F 15312

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Chambers

if U. S. Veteran specify WAR .....

(a) Residence: No. 510 N Preston St St., ..... Ward.

(Usual place of abode) (if non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1st 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Baltimore Md
(State or country)

FATHER

13. NAME Thomas Chambers

14. BIRTHPLACE (City or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ethel Steel

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Ethel Chambers
(Address) 510 N Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 8/19/ 1935

19. UNDERTAKER Frances A Hamsley
(Address) 516 W Biddle St

20. FILED AUG 19 1935 19 C. F. Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/15/35 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest finds that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro Spinal Mening | 8/10/35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Meningitis | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/10 , 1935
Where did injury occur? 510 N Preston St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Fract of Automobile
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lucius Bowley Automobile M. D.
Coroner
(Address) 512 E Preston St

M. D. D. 1268-5 F 15313

F 15313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 E. Lombard St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Allen

(a) Residence: No. 1525 E Lombard St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C. | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 1, 1876

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 3 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg
(State or country) Md.

13. NAME John Valentine

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Maria Richeson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Ida Phillips
(Address) 1525 E. Lombard St.

18. BURIAL, CREMATION OR REMOVAL
Place Ofield Md. Date 8/20/35

19. UNDERTAKER Frances A. Hemsley
(Address) 518 W. Biddle St.

20. FILED AUG 19 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2- 1935 to 8-17- 1935

I last saw her alive on 8-16- 1935 Death is said to have occurred on the date stated above, at 2, 15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvulitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Interstitial Nephritis | 1932 |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm H. Langley, M. D.

(Address) 611 N. Carolina

M. D. B. 1268-9 F 15314

F 15314

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

v 46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., ..... Ward)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Louise Hartwig

(a) Residence: No. 2445 Jefferson St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sept. 7, 1861

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 11 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Hartwig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Stroth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie Topprecht

(Address) 2445 Jefferson Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Aug 21, 35

19. UNDERTAKER Fetherstonhaugh

(Address) 1701 W. Broadway

FILED AUG 19 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1935 to August 18, 1935

I last saw her alive on August 18, 1935. Death is said to have occurred on the date stated above, at 2 05 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 8-8-35 |
| Malignancy of Gastro-intestinal tract | Unknown |

Other contributory causes of importance:

| | |
|---|---|
| Peritonitis | 8-13-35 |
| Pneumonia (Terminal) | 8-16-35 |

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

M. D. B 1265-9

F 15315

302 6-13 F 15315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ronald Tischer

(a) Residence: No. 1867 Grand Blvd St., ..... Ward. Wyomissing Pa
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | — |

a. If married, widowed or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-9-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | | 3 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Albert Tischer

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Anna Laury

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New York, N.Y. Date Aug 19 35

19. UNDERTAKER Gawthrop Greene Inc
(Address) 220 E. Broadway.

20. FILED AUG 19 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1935 to Aug 18, 1935

I last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Hydrocephalus, congenital | birth |

Other contributory causes of importance:

Meningitis, postoperative

Name of operation Ventriculostomy Date of 8/9/35

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

M. D. F. 1269 F 15316 Nolia G Harrison F 15316

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Normandy Ave St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Nolia G Harrison

(a) Residence: No. 525 Normandy Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Harrison

7. DATE OF BIRTH (month, day, year) Aug. 11, 1877

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 58 | | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alex Gordon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Jane Stiffler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. L. Harrison

(Address) 525 Normandy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forrestville Date 8/19 1935

Hartford Co. Md. Funeral Home

19. UNDERTAKER Harry W. Smith & Son

(Address) 4401 Edmondson Ave

Huntington Maryland

8/19 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1932 to Aug 15th 1935

I last saw h alive on Aug 15th 1935 Death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. nephritis | ? |
| Chr. myocarditis | ? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia | 4 days |
| | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. R. Fackler, M. D.

(Address) 3421 Edmondson Ave

c.—1-30—M. & T.—250 Bks.

F 15317

F 15317

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

94-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2324 Milliman ST., 7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry F Seitz

(a) RESIDENCE NO. 2324 Milliman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mary E Seitz

DATE OF BIRTH (month, day, and year) Aug 16th 1859

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 3 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Cable dept

(c) Name of employer Telephone Co.

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER Charles Seitz

BIRTHPLACE OF FATHER (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Mary Kerlinger

BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs H F Seitz

(Address) 2324 Milliman

Filed AUG 19 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935, to Aug 17, 1935,

that I last saw him alive on Aug 17, 1935,

and that death occurred, on the date stated above, at 12.15 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Exam.

(Signed) B V Keller, M. D.

(Address) 100 N Linwood Ave

Aug 17 1935

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL Aug 20, 1935

20 UNDERTAKER Willard B Callendor

ADDRESS 1531 N Milton Ave

M. D. 126-5-34

F 15348

F 15318

30214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 34-C-93-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 21 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wise Britt

(a) Residence: No. Sycamore ave St., Ward Edgemere Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 7-18-85

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20+0

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Obidiah Britt

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Kate Mosby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Aug 20th 1935

19. UNDERTAKER Mrs Robert A. Elliott

(Address) 1129 Carolina st.

20. FILED AUG 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, to Aug 17, 1935

I last saw him alive on Aug 17, 1935. Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilitic Myocarditis | 1933 |
| Syphilitic Aortitis | |
| Emphysema | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry A. Stetson M. D.

(Address) The Johns Hopkins Hospital

M. D. P. 1263-9

F 15319

F 15319

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

301 47 V 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delores Hawkins

(a) Residence: No. 1638 N. Gilmore st., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | — |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 1934

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 10 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME William Hawkins

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place mt zion centry Date Aug 19 35 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st.

20. FILED Huntington Williams M.D.

AUG 19 1935 A [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to August 16 1935

I last saw her alive on August 16. 1935 Death is said to have occurred on the date stated above, at 1155 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | about July 1st. |
| Pericarditis | " July 23rd |
| Meningitis | " Aug. 15th |
| (Con) | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

F 15320

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No. F 15320

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 E. Lanvale St., 8 Ward)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Johnson

(a) Residence: No. 1731 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Stein Johnson

DATE OF BIRTH (month, day, year) Jan 7 1862

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 7 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros Co

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation. 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George W. Johnson

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Sarah E Thomas

16. BIRTHPLACE (city or town) (State or country) Abingdon Md.

17. INFORMANT Charles Johnson

(Address) 1033 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Aug 21, 1935

19. UNDERTAKER Chas. E. Black

(Address) 742 W. Lanvale Ave

20. FILED Aug 19 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1935, to Aug. 17, 1935.

I last saw him alive on Aug. 17, 1935. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate — Date of onset 1934

metastasis to liver?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George D. Tyson, M. D.

(Address) 432 S. Patterson Park Ave

F 15321

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15321

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Fainglos.

If U. S. Veteran specify WAR No.

(a) Residence: No. 2207 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Uriel Bergman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 8/19/35 19

19. UNDERTAKER Sol Levin Inc

(Address) 739 E. Baltimore

20. FILED 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1935, to Aug 18, 1935

I last saw her alive on Aug 18 1935. Death is said to have occurred on the date stated above, at 11:25 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of lateral cerebral venous sinus, left | 8-4-35 |
| Hemiparesis, right | 8-4-35 |
| Other contributory causes of importance: | |
| Diabetes mellitus. | |
| Hypertension | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no, If so, specify

(Signed) H. A. De Lauballe M. D.

(Address) Baltimore City Hospitals.

M. D. B. 1268-9

F 15322

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15322

## CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Sollod

(a) Residence: No. 2236 Eutaw Place St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Sollod

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Mdse.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nachum Sollod

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hanna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Pauline Sollod
(Address) 2236 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 8/19/35 19

19. UNDERTAKER Levi Levine Inc.
(Address) 1439 E Baltimore St.

20. FILED Aug 19 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 . 1935, to Aug 18, . 1935

I last saw him alive on Aug. 18, . 1935 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Viridans Septicemia | |
| Acute Pyelonephritis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

M. D. 2 126800 15323

F 15323

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

86

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Road near Seamon St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ramon A. Charles Shelaby

(a) Residence: No. Riverside Road near Seamon St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) May 29 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant also

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Earl Shelaby

14. BIRTHPLACE (city or town) (State or country) Balto City Maryland

MOTHER

15. MAIDEN NAME Cecelia Gebuh

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Florence Sebuh
(Address) Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross A & Co. Date 8-19 1935

19. UNDERTAKER Bernard C. Hazle
(Address) 121 E West St

20. FILED 8-19 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) N. H. Wright M. D.
Coroner

(Address) 101 S. Edmondson Ave.

F 15324

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15324

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Edmondson Ave 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elisabeth Lotz

(a) Residence: No. 2409 Edmondson Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John V. Lotz.

6. DATE OF BIRTH (month, day, year) Dec. 18. 1843

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 91 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry C. Lotz
(Address) 8 Osborne Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 19. 1935

19. UNDERTAKER Mrs Mrs. John N. Teufel & Son
(Address) 201 N. Fayette St

20. FILED AUG 19 1935 at ..... Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1929 to 8/17/35 1935

I last saw h.. alive on 8/16 1935. Death is said to have occurred on the date stated above, at 12:55 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract. left femur — | 12/31/34 |
| non-united — | |
| Senility — | |
| Other contributory causes of importance: | |
| Chronic myocarditis | 1935 |
| Myocardial disappearing | |

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/31 1934

Where did injury occur? Slipper on floor at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury slipper on floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Floyd Hart M. D.

(Address) 157 E Northern

M. D. F 1268-9

15325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15325

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. North Eutaw Market St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry J. Linch
(a) Residence: No. 2236 E. Chase St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of Mortona Linch

6. DATE OF BIRTH (month, day, year) May 5th 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 3 | 11 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 1913
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Mkt
10. Date deceased last worked at this occupation (month and year) Aug 1935
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME ? Linch
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mortona Linch
(Address) 2236 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Aug 19 1935

19. UNDERTAKER W. M. Cook
(Address) 1217 Edmondson

FILED AUG 19 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart disease | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

M. & B. Form 15326 F 15326

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2430 Madison Ave St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Elizabeth Berry

(a) Residence: No. 2430 Madison St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | colored | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eldon Berry

6. DATE OF BIRTH (month, day, year) Dec 25 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 8 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7-11-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Stubbs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Catherine Wright

(Address) 2430 madison ave

18. BURIAL, CREMATION OR REMOVAL.

Place Mt Olivet Cem Date Aug 19, 1935

19. UNDERTAKER Isaiah L Bowie Son

(Address) 1050 Mowdy ing St

20. FILED ..... 19..... Registrar

AG 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-16-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1935, to 5-16, 1935

I last saw her alive on 8-10, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | unknown |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Unknown | |
| | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank A Saunders M. D.

(Address) 1639 W Saratoga St

M. D. B. 1268-9

F 15327

F 15327

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5718 Green Spring Ave. St., 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY KERNER.

(a) Residence: No. 5718 Green Spring Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6th. 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 54 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kerner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary A. Bohner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT P. T. Roche
(Address) 5718 Green Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Aug. 20. 1935

19. UNDERTAKER Paul F. Graul & Son
(Address) 118 W. Mt. Royal Ave.

AUG 19 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18th. 19 35

22. I HEREBY CERTIFY, That I attended deceased from no to at all 19..

I last saw h... alive on not at all 19.. Death is said to have occurred on the date stated above, at 3 00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Carditis | ? |
| Congestive cardiac failure | |
| Other contributory causes of importance: | |
| Cirrhosis of the liver | ? |

Name of operation none Date of none

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Edgar M. D.

(Address) Baltimore Md.

R.D. 1, Emmorton, Md.

M. D. F 1268-9

F 15328

Found Dec 5 Pratt St / Gran 4th

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15328

## CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Balto Harbor

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 35? Months: Days: If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Laundry Date Aug 19 19 35

19. UNDERTAKER (Address)

20. FILED Aug 19 1935 Huntington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elson B. Algire M. D.

(Address) 1031 St Paul St Coroner

M. D. F. 1268-9

F 15329

F 15329 HEALTH DEPARTMENT—CITY OF BALTIMORE

XV/54

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Low Cole

(a) Residence: No. Reisterstown Md St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1924

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 10 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Pleasant Hill Baltimore Co.

13. NAME OF FATHER Wilbur E. Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore Co.

15. MAIDEN NAME OF MOTHER Ethyl I Merkel.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co.

17. INFORMANT Lawrence E. Cole.

(Address) Reisterstown

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 21, 1935

19. UNDERTAKER J. E. Elmer & Bro

(Address) Reisterstown Md.

FILED 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935, to August 19, 1935.

I last saw her alive on August 19, 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Osteomyelitis - Left tibia — Date of onset: August 10, 1935

Septicemia - Streptococcus anhaemolyticus

Bronchopneumonia

Other contributory causes of importance:

Name of operation Incision Drainage Date of 8/19/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schuffl, M. D.

(Address) 674 W. Baltimore St.

F 15330 F 15330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 124 N Haven St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F Melcher
If U. S. Veteran specify WAR none

(a) Residence: No. 124 N Haven St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ella Fennell Melcher

6. DATE OF BIRTH (month, day, year): 2/7/185-8

7. AGE: Years 77 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Trucker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Charles Melcher
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary J Evans
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: F. Lyde Mason Jr
(Address) 4208 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 20, 1935

19. UNDERTAKER: John Zellers & Sons
(Address) 2008 Orleans
Huntington Williams, Reg. No.

AUG 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to Aug 17, 1935
I last saw h[e] alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 3 49 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Inter. Nephritis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocarditis and Senility | |

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Adam Tod, M. D.
(Address) 4616 Eastern Ave

F 15331

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15331

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1957 W Mulberry St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad Schluderberg.

(a) Residence: No. 1957 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Schluderberg

6. DATE OF BIRTH (month, day, year) March 3 - 1841

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 94 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Rau.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Amelia Price

(Address) 1957 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date August 21 1935

19. UNDERTAKER John Leerich

(Address) 2008 Arlington Ave

Huntington Williams MD

Registrar.

20. FILED AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Aug 18, 1935.

I last saw h.. alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosterotic Cardio Vascular Renal Disease | 1925 |
| Other contributory causes of importance: | |
| Coronary Thrombosis | Aug 18 1935 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Wm Edmunds M. D.

(Address) 2746 Alameda Blvd.

M. D. B 1268-9

F 15332

5332

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-e

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 N. Spring St., 9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Hoyle Gibson

(a) Residence: No. 1826 N. Spring St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 15-1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 34 | 11 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford County Maryland

13. NAME Willard Hoyle

14. BIRTHPLACE (city or town) (State or country) Harford County, Md.

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Elsie Hoyle

(Address) 1826 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8/21 1935

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

G 1935 Huntington Williams & Pfaff

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | 5 Years |
| Chronic Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1912 E. North Ave.

F 15333

M. H. B. 1665 F 15333

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hospital St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Anna Prenzel

(a) Residence: No. 2206 Tacoma St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 8 1912

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 2 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Prenzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Ahrill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Irvin G Prenzel (Brother)
(Address) 1609 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 20, 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St

FILED Aug 19 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw her alive on Aug 15 1935. Death is said to have occurred on the date stated above, at 340 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Fracture of Cervical Vertebrae of spine (Fractured Neck) | Aug 13 |

Other contributory causes of importance: Insurance (3 day duration)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 13, 1935

Where did injury occur? Russell Street Viaduct
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Walking on street & struck by auto

Nature of injury Fractured neck

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Wallace Gupton (Automobile) M. D.
Coroner

(Address) 5162 Park Hgts Ave

F 15334

15334

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1114-B

1134

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Connie Jackson

(a) Residence: No. 923 Morris St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/12/1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Thomas Hunt

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Gertrude Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Duvall

(Address) 922 1st Williamsport Pa

18. BURIAL, CREMATION, REMOVAL Cedarhurst

Place Mt Cedarhurst Date 8/21 19 35

19. UNDERTAKER Williams & Jackson

(Address) 916 Pennsylvania Ave

Filed 8 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1935 to 8/14, 1935

I last saw her alive on 8/14, 1935 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung abscess & gangrene | |
| spinochastal | 3 wk. |
| | |
| Other contributory causes of importance: | |
| | 0 wk |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 15335

15335

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Northern Parkway 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Louise Gebhard

(a) Residence: No. 3911 Northern Parkway Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gebhard.

6. DATE OF BIRTH (month, day, year) Sept 10 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Christian Borman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John. Gebhard (Son)

(Address) 3911 N Pkwy

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Aug 21st 1935

19. UNDERTAKER Frederick Roddy Sons

(Address) 2401 Eutaw Road

20. FILED 8-19-1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935 to August 18, 1935

I last saw her alive on Aug 18 1935 Death is said to have occurred on the date stated above, at 1.07 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | 3 D |
| Arterio Sclerosis Hypertension | 18 D |
| Myocarditis Degenerative | 18 D |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chr Interstitial Nephritis | 18 D |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2878 Stanford Rd

M. D. B 1268-9

15336

F 15336

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Marlborough Apartments

CITY OF BALTIMORE: (No. Eutaw & Wilkan St., 14 (Ward)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME John H. Asendorf

(a) Residence: No. Marlborough Apartments Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 21 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME John H. Asendorf

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Katherine Lerch

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs. John Asendorf
(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 21 1933

19. UNDERTAKER Geo. W. Little
(Address) 1700 Edmondson Ave
Huntington Hillcrest, Md

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above. 6:50 am,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Coronary Thrombosis, | |
| | |
| | |
| | |
| | |

Other contributory causes of Importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill In also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C Harp M. D.
Coroner

(Address) 1215 Hanover

M. D. B 1268-9

F 15337

15337

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 S. Hanover St., 23 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Ann Joyce

(a) Residence: No. 1038 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Joyce

6. DATE OF BIRTH (month, day, year) October 6th 1859

7. AGE — Years 75 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thomas Lowe

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas F. Joyce

(Address) 1804 Wilmington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Aug. 20 1935

19. UNDERTAKER George L. Lebrun

(Address) 201 Frederick Ave.

20. FILED Huntington Williams M.D.

AUG 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Aug. 17, 1935.

I last saw her alive on Aug. 17, 1935 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Nov. 34 |
| Other contributory causes of importance: Chronic myocarditis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Lloyd E. Sayler M. D.

(Address) 3967 York Rd.

15338 15338

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Gehr

(a) Residence: No. Westminster Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 28, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 10 22+ | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME King Gehr

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mildred Shilling

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT King Gehr

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL.

Place Westminster Md Date Aug 22, 1935

19. UNDERTAKER N Bankard & Son

(Address) Westminster Md

9 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-19-35, 19..., to 8-19-35, 19...

I last saw her alive on 8-19-35, 19... Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia. | 8/17 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theodore A. Schwartz, M. D.

(Address) % Mercy Hospital.

F 15339

H. D. B. 12-30 F 15339

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Warrington Apts. St., N. Charles St Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Martin Gillet (Sr)

(a) Residence: No. Warrington Apts St., N. Charles St Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Koons

DATE OF BIRTH (month, day, year) 9 July 1865

| AGE Years | Months | Days | LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|
| ✓ 70 | 1 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking 00145

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME OF FATHER George Musgrave Gillet

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME OF MOTHER Antonette Jacobsen

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

INFORMANT George M. Gillet (Jr)
(Address) Lansdowne Md

BURIAL, CREMATION, OR REMOVAL Garrison Forest
Place St. Thomas Date Aug 20 1935

UNDERTAKER Henry M. Jenkins Sons Co
(Address) N. Eutaw & Richard Sts

FILED Aug 20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 34 to Aug 18 19 35

I last saw h.. alive on Aug 18 19 35 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis cerebral sclerosis — Date of onset

Other contributory causes of importance: Diabetes Mellitus

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of Injury ..... 19.....

Where did injury occur? c (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Osborne Streett M. D.

(Address) 717 Park Ave. Baltimore

F 15340

Sizes 6-10, B. & P. Co.—1000 Blks.

F 15340

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 2306 Calverton Heights St. 46 WARD)

2-FULL NAME Effie M. White

(a) RESIDENCE. No. 2306 Calverton Heights St. WARD. U. S. Veteran—Specify WW Bk

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of Samuel C. White

6 DATE OF BIRTH (month, day, and year) June 6-1863

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 72 | 2 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Raleigh N. C.

PARENTS

10 NAME OF FATHER Thomas R. Fentress

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Margaret J. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Joseph R Wilson

Address 2325 Aco Road

15 Filed 20 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1935, to Aug 19, 1935, that I last saw h alive on Aug 19, 1935, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) Paul Brown M. D.

8/19, 1935 (Address) 1663 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug 21 1935

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul St

M. D. B. 1268-9

F 15341

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15341

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4344 Park Heights Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur E. Green ..... If U. S. Veteran .....

(a) Residence: No. 3210 Woodland Ave ..... Ward. ..... Specify Whether (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Caroline E. Green

6. DATE OF BIRTH (month, day, year) March 15th 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Avalon Theatre

10. Date deceased last worked this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 1 mo.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Daniel S. Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ida Mc Donald

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Caroline E. Green

(Address) 3210 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Aug 20th 1935

19. UNDERTAKER Wal Cook

(Address) 1217 St Paul St

20. FILED AUG 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10-10a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

F 15342

F 15342

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5411 Falls Road Terrace St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Roger Lewis

(a) Residence: No. 5411 Falls Road Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Griffith

6. DATE OF BIRTH (month, day, year) June 10, 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 58 | 2 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & M. Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME AnnLloyd

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mary G. Lewis

(Address) 5411 Falls Road Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. Date 8/20/35.

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 8 20 1935 Huntingtown, Williams, Md. Reg. No.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to Aug 18, 1935

I last saw him alive on Aug 18, 1935 Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis, | June 8 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | 12 m |

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans M. D.

(Address) 612 N 40

M. D. B. 1268-9

15343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15343

## CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3651 Park Heights ave 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Bernstein

(a) Residence: No. 3651 Park Heights ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Sarah

6. DATE OF BIRTH (month, day, year) 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 70 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Paul Bernstein

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dorothy Maxine

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Samuel Holzman

(Address) 3651 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date Aug 20 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED 19 ..... Registrar

AUG 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation by hanging | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Aug 19 1935

Where did injury occur? 3651 Park Heights ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hung Self with Chain

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

F 15344 Cupid F 15344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Bruck St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carolina Cupid

(a) Residence: No. 1518 Bruck St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent at this occupation 5

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Tobe Cupid

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Underwood

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Maggie Dorsey

(Address) 1518 Bruck St

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem

Date Aug 20 1935

19. UNDERTAKER Peter O. Dickerson

(Address) 1008 Druid Hill Ave

20. FILED Aug 20 1935 Registered No. .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/35 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/35 19 ..... to 8/17/35 19 .....

I last saw her alive on 8/17/35 19 ..... Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 8/15/35 |
| Med | |
| | |
| | |

Other contributory causes of importance:

Senility 8 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical and autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Lee Dixon, M. D.

(Address) 1518 Bruck St

Spec.—1-30—M. & T.—250 Bks.

F 15345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15345

131

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Hollins ST., 18 WARD)

2-FULL NAME Michael A. Courtney

(a) RESIDENCE NO. 827 Hollins ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 20 1861

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 7 4 | 10 | 29 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boilermaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Amboy Ill.
(State or country)

10 NAME OF FATHER Daniel Courtney

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Sullivan

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Ireland

Informant Mrs. Margaret Dolan
(Address) 827 Hollins St

Filed Aug 20 1935 12 Huntington Ave Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 20th 1935

17 I HEREBY CERTIFY, That I attended deceased from August 6th, 1935, to Aug 18th, 1935, that I last saw h~~im~~ alive on August 18th, 1935, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Usual

(Signed) H. L. Kampmeier M. D.

Aug 19 1935 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Amboy Ill.

DATE OF BURIAL Aug 20 1935

20 UNDERTAKER J. Vernon Keehner

ADDRESS 2301 Edmondson

M. D. P. 1200-5

F 15346

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto General St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antonio Rossi ..... U. S. Veteran specify WAR .....

(a) Residence: No. 1501 Bank ..... St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carmela

6. DATE OF BIRTH (month, day, year) Dec 16 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ 45 | 96 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Italy

FATHER

13. NAME Carlo Rossi

14. BIRTHPLACE (city or town) ..... (State or country) Italy

MOTHER

15. MAIDEN NAME Antonia

16. BIRTHPLACE (city or town) " (State or country) Italy

17. INFORMANT Carmela Rossi

(Address) 1501 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 21. 1935

19. UNDERTAKER Wendell J. Diffel

(Address) 1405 Bank St.

20. FILED Aug 20 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? yes Date of Aug 18 35

For what disease or injury Carcinomatosis

Name of operation Supra Pubic Drainage Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. H. 1208-3

F 15347

F 15347

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓177

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2216 Roslyn ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Goldsborough Griffith Rossiter

(a) Residence: No. 2216 Roslyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (Alzada Jean MacNider Rossiter)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 5 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 44 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 2004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 21 years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Rev Joel T. Rossiter

14. BIRTHPLACE (city or town) Blue Bell (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Caroline E. Welch

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mary Kettlewell (Sister)

(Address) 2213 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date, Aug. 22, 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED Aug 20 1935 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19. 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1935 to August 19, 1935

I last saw him alive on Aug 19, 1935. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1928 |
| Coronary Thrombosis | Aug 19 35 |

Other contributory causes of importance:

| | |
|---|---|
| Food Poisoning (Fish) | Aug 16 35 |

Name of operation none Date of

What test confirmed diagnosis Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) William J. Sullivan M. D.

(Address) 2224 Garrison Blvd

M. D. B. 1268-9 F 15348

F 15348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 W. North Avenue St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME KATHERINE SCHMALZ

(a) Residence: No. 616 W. North Avenue St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) July 21, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 79 | 0 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Public Schools

10. Date deceased last worked at this occupation (month and year) June 1928

11. Total time (years) spent in this occupation 42 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME atthew Schmalz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Schmalz (Brother)

(Address) 816 W. Nor h Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Aug. 20. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. J. Bode

(Address) Baltimore & Broadway.

20. FILED Aug 20 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to August 15, 1935

I last saw her alive on August 15, 1935 Death is said to have occurred on the date stated above, at 5.00 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | June 1934 |
| Chronic Interstitial Nephritis | June 1934 |

Other contributory causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Geo. Conrad Bode, M. D.

(Address) 900 Maryland Ave.

F 15349

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15349

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 Ashland ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William N. Seward

If U. S. Veteran specify WAR ..... No. .....

(a) Residence: No. 1632 Ashland ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Macidda E Seward

6. DATE OF BIRTH (month, day, year) June 21-1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 78 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan. 1933

11. Total time (years) spent in this occupation 20 ✓

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Macidda E. Seward

(Address) 1632 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park cem Date Aug 21 1935

19. UNDERTAKER George W. Zibler

(Address) 737 E. Eager St

AUG 20 1935 Huntington Williams, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Aug 19 1935

I last saw him alive on Aug 19 1935 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1933 |
| Other contributory causes of importance: Myocarditis Chronic | 1933 |

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar V. Sundrock M. D.

(Address) Medical Arts Building

M. D. B 1268-9

F 15350

# F 15350 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2635 Hudson St., 1 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Magdalina Paznaniak

(a) Residence: No. 2635 Hudson St. Ward.
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Franciszek Paznaniak

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years 68 | Months | Days | If LESS than 1 day.....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Seamstress~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year): 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Michal Sigewski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Frances Cegielski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Veronika Pietrowicz
(Address) 2606 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Date: 8-22 1935

19. UNDERTAKER: Jos. F. Thiede
(Address) 2811 Huntington Ave

0 1935 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19 1935

22. I HEREBY CERTIFY, That I attended deceased from August 19 1935 to August 19 1935

That I saw h[illegible] alive on August 19 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Andrew Nowakowski M. D.

(Address) 2529 Eastern Ave

M. D. R. 1268-9

15351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15351

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Fountain St., V Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Bojorek

(a) Residence: No. 2008 Fountain St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bojorek

6. DATE OF BIRTH (month, day, year) Unk.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Koslowska

(Address) 2008 Fountain St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 22 1935

19. UNDERTAKER by S. Brzezynski

(Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1935 to Aug. 19 1935

I last saw her alive on Aug. 19 1935 Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8/13/35 |
| Pulmonary Edema | 8/19/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 432 S Patterson Park Ave

M. D. B 1268-9

F 15352

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15352 V158

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Topper If U. S. Veteran specify WAR .....

(a) Residence: No. Emmitsburg Md. St., ..... Ward. Emmitsburg Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Baby. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12/1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

13. NAME Jacob J Topper

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Helen R Myers

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

17. INFORMANT Jacob J Topper
(Address)

18. BURIAL, CREMATION, OR REMOVAL Emmitsburg Cemetery
Place St. Joseph's Date Aug 21. 1935

19. UNDERTAKER M. F. Shuff Jr.
(Address) Emmitsburg Md

FILED Aug 21 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Marasmus. | June 16 35 |

Other contributory causes of importance: (Summer heat.)

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Thos. H. Russell Sr. M. D.
Coroner

(Address) 1939 Edmondson Ave

15353

F 15353

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

J 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 N. Calvert St. St., 12 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN S. SULTZER

(a) Residence: No. 2231 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mary O. Sultzer

6. DATE OF BIRTH (month, day, year) Nov. 29, 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sun paper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas D. Sultzer

14. BIRTHPLACE (city or town) (State or country) Taneytown, Md.

MOTHER

15. MAIDEN NAME Eleanora R.C. Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. John A. Power 2231 North Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 8/22 19 35

19. UNDERTAKER (Address) Chas. H. Grove Son 117 W. Mt Royal Ave

20 1935 Huntington Williams, N.Y. NY-H

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to August 19, 1935

I last saw h in alive on Aug. 19, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | 3 days |
| Myocarditis | 3 mos. |
| | |
| Other contributory causes of importance: | |
| arteriosclerosis | 1 yr. |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thomas Hunt M. D.

(Address) 531 Essex St

M. D. B. 1268-9

F 15354

15354

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHESTER O. CAIRNES

(a) Residence: No. 3431 University Place St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Reed Cairnes

6. DATE OF BIRTH (month, day, year) Jan. 1, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME James W. Cairnes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha J. Jarrett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Reed Cairnes
(Address) 3431 University Place

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 8/21. 1935

19. UNDERTAKER Chas. H. Grau & Son
(Address) 1715 W. Lafayette Ave

FILED 20 1935 Hugh E. Williams, M. D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| | none |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Preston Jr. M. D.
Coroner

(Address) Bel Air Md.

M. D. B. 1268-9

F 15355

90265 2 HEALTH DEPARTMENT—CITY OF BALTIMORE

13355 Med

# CERTIFICATE OF DEATH

✓ 34-E-54-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Jones

(a) Residence: No. 211 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | married |

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wallace Jones

6. DATE OF BIRTH (month, day, year) 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 43 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Aug 21 1935

19. UNDERTAKER Mrs. Richard A. Elliott Daughter
(Address) 1129 Eastern Ave.

20. FILED ... 19... Registrar.

AUG 20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1935 to Aug 17 1935

I last saw her alive on Aug 17 1935 Death is said to have occurred on the date stated above, at 4 08 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Menings vascular Syphilis | |
| Cardio-vascular syphilis with aortic insufficiency | |

Other contributory causes of importance:

Myomata uteri

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry D. Fetter M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1368-B

F 15356

F 15356

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 106-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Keating

(a) Residence: No. Tucson, Arizona St., Box 376 Route 2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Clarence Keating.

6. DATE OF BIRTH (month, day, year) Nov. 28, 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 40 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. office work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Washington.

FATHER

13. NAME Phillip Keating

14. BIRTHPLACE (city or town) (State or country) Canada.

MOTHER

15. MAIDEN NAME Margaret Karlsen

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Clarence Keating

(Address) C. H. & I.

18. BURIAL, CREMATION, OR REMOVAL

Place Trenton N.J. Date 8/20/35 19

19. UNDERTAKER John E. Malloy

(Address) 2432 E. Oliver St.

20. FILED 1935 Registrar.

Aug 20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to Aug. 20, 1935.

I last saw him alive on Aug. 20, 1935. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia. | 1917 |
| Empyema | 1917 |
| Bronchiectasis | 1930 |
| operation | Aug 13, 1935 |
| Cardiac failure | Aug 13, 1935 |

Other contributory causes of importance:

Name of operation Release & plural adhesions Date of

What test confirmed diagnosis? Bronchoscopic exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carlton N. Adams M. D.

(Address) Church Home Inf.

AaCo. 5-31-2M

F 15357 Augusta Detmering Schwartze Maynadier 15357

# HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 93-C

## CERTIFICATE OF DEATH

1. PLACE OF DEATH — Charles and Lafayette — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Walbert apts St. 12 Ward)

Length of residence in city or town where death occurred 77 yrs. 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Detmarine Schwartze Maynadier.

(a) Residence: No. Walbert Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married. |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of J. Murray Maynadier.

6. DATE OF BIRTH (month, day, year) Oct 16 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ 77 yrs. | | 10 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Edward Schwartze

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Fitzhugh

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT J. Murray Maynadier
(Address) Walbert Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 8-21- 1935

19. UNDERTAKER Henry W. Jenkins. Sons Co
(Address) 624 Lord Baltimore

AUG 20 1935 Washington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Aug 19, 1935
I last saw her alive on Aug 19 1935 death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Aug 19-35 |
| Chronic Myocarditis | |
| | |
| | |
| | |

Other contributory causes of importance:
Chronic Arteriosclerosis. Senile Psychosis. 4 years

Name of operation None Date of
What test confirmed diagnosis? Physical diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Nathaniel Maurice Beck M. D.
(Address) 2727 N. Charles St.

M. D. H 1268-9

F 15358

15358

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+V/31

1. PLACE OF DEATH Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No. 1 St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert R. Akers Sr.

(a) Residence: No. Miami Fla, 332 NE 35 th St Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MATILDA AKERS

6. DATE OF BIRTH (month, day, year) April 11 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 68 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1945

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber dealer

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kerrsville Pa.

FATHER

13. NAME EPHRIAM AKERS

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown Hanke

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT MRS MATILDA AKERS

(Address) 3216 Silurian Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place HATTIESBURG MISS. Date AUG 21 1935

19. UNDERTAKER WM J Lichtner & Sons

(Address) Norfolk Va

AUG 20 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 2.10 a m

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C Hazen M. D.

Coroner

(Address) 1215 Hanover

M. D. B. 1268-9

15359 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Mary Nuschafer

(a) Residence: No. 2536 N. Lanvale St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (~~HUSBAND of~~) WIFE of Geo. William Neuschafer

6. DATE OF BIRTH (month, day, year) July 24th 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 49 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Peter Buchheit

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Feldner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. William Neuschafer

(Address) 2533 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Aug. 22nd 1935

19. UNDERTAKER Hugo Weber & Son

(Address) 250 Edmondson Ave

U 1535 Huntington Williams & Co Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1935 to Aug 18, 1935

I last saw her alive on August 18, 1935 Death is said to have occurred on the date stated above, at 11 20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia following operation for Appendix abscess. (Cause) | 8-18-35 |

Other contributory causes of importance:

Name of operation McBurney Incision and drainage of abscess Date of 8-13-35

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jas. A. Sadlacek, M. D.

(Address) Bon Secours Hosp.

F 15360

F 15360

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 22 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Morroson

If U. S. Veteran specify WAR None

(a) Residence: No. 804 S. Sharpe st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Single |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 31 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Morroson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Hall

(Address) 112 Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 21 1935

19. UNDERTAKER Isaac L Robertson

(Address) 1010 Montgomery St

Attington Williams, Registrar.

AUG 21 1935 . 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935, to Aug. 17, 1935

I last saw him alive on Aug. 17, 1935. Death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | March 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

F 15361

5361

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 89-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss. Genevieve Carr

(a) Residence: No. 2806 Mosher St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8, 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 16 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School student.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Clifton Carr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Genevieve Fitzpatrick.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Hospital records)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 23 1935

19. UNDERTAKER Margaret E. Blynn
(Address) 1425 Jackson St

Huntington Williams, Inc.

AUG 8 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1935, to August 20, 1935

I last saw her alive on August 20, 1935. Death is said to have occurred on the date stated above, at 10 10 A.m.

The principal cause of death and related causes of importance were as follows:

Purulent Mastoiditis (Right) — Date of onset Aug 6

Other contributory causes of importance:

Streptococcus Meningitis. — Aug 12 th

Was an operation performed? Yes. Date of Aug 14.

For what disease or injury? Purulent Mastoiditis (Right)

Name of operation Mastoidectomy. Date of July 14

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Edwin Knowles Jr. M. D.

(Address) Mercy Hospital

15362 F 15362

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Hanover St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Freburger Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1618 Hanover St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Catherine Gregory Freburger

6. DATE OF BIRTH (month, day, year) March 7 1878

7. AGE: Years 57 | Months 5 | Days 11 | If LESS than 1 day, ..... hrs. or ..... min. 1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloth

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward F. Freburger.

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Zieron

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Catherine Freburger
(Address) 1618 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 22 1935

19. UNDERTAKER Margaret E. Flynn
(Address) 1618 Hanover St.

20. FILED 0 1935 Huntington for Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 18, 1935, last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation Endf. | |
| Other contributory causes of importance: acute dilatation of heart. | 8/11/35 |

Was an operation performed? yes Date of —

For what disease or injury? .....

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

8/19/35 (Signed) B. H. Campbell M. D.

(Address) 1614 Hanover St

5363 # 15363

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Patapsco St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Joseph Alascia

If U. S. Veteran specify WAR ...

(a) Residence: No. 1038 Patapsco St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Feb. 26, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | ✓ | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Anthony J. Alascia

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Louise Becker

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs E. Renly

(Address) 1023 Patapsco

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Cem. Date: Aug. 24 1935

19. UNDERTAKER: Eighth Ward Funeral Inc.

(Address) 110 E. Lanvale St.

20. FILED: AUG 20 1935 Arlington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-18-1935 to 8-19-1935

I last saw h... alive on 8-19-1935 Death is said to have occurred on the date stated above, at 1 pm

The principal cause of death and related causes of importance were as follows:

Enteritis intestinal infection with severe loose bowels — Date of onset: about 3 weeks ago

Other contributory causes of importance: Dehydration — Date of onset: 2 days

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation no Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) S. Druner M. D.

(Address) Medical arts Bldg

Stoec.—6-5-19—H. P. Co.—1000 Bks.

F 15364

F 15364

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 West 27th ST. 12 WARD)

2-FULL NAME Mary E. Dyser

(a) RESIDENCE. NO. 200 West 27th ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. No mos. ds.

Color or Race W

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Luke J. Dyser

6 DATE OF BIRTH (month, day, and year): April 4 1848

7 AGE: Years 87 Months 4 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Michael J Hurley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Donavan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Agnes M Johnsming 200 West 27th Street

15 Filed 21 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1935

I HEREBY CERTIFY, That I attended deceased from May 20 1935 to Aug 20 1935

that I last saw h alive on Aug 20 1935

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

I Chronic Nephritis 7 years

II Uremic Poisoning 1 day

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Aug 20 1935 19 (Address) 1 W Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 22 1935

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul

M. D. B 1268-9 F 15365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15365

94-B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto. Gail Hospital Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Mary Smith Wartham

(a) Residence: No. 1021 Fulton ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Vernon Wartham

6. DATE OF BIRTH (month, day, year) Mar. 11 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Merrill Medairy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Deborah C. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Elizabeth Wartham
(Address) 1021 Fulton ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug 22nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 21 1935

Huntington Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)
to death on the day stated above at about 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 125 Hanover

Spec. 6-9-19 H. D. Cy. 1000 Bks.

F 15366 F 15366

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

√ 59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 St Paul ST. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elenora Smith

(a) RESIDENCE. NO. 1714 St Paul ST., WARD.

(Usual place of abode)

U. S. Veteran? No

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. Specify Whether Record

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Raymond Smith

6 DATE OF BIRTH (month, day, and year): July 15 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| √ | 60 | 1 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto County

PARENTS

10 NAME OF FATHER: Daniel Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto County

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Edith M Crutchley

(Address): Arnold station A. A. Co Md

15 Filed 2 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 20 1935

17 I HEREBY CERTIFY, That I attended deceased from aug 1, 1935, to aug 20, 1935

that I last saw her alive on aug 17, 1935

and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. B. Trenton, M. D.

, 19 (Address) 1123 St. Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Aug 22 1935

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul St

M. D. B. 1268-9

15367 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15367

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Chesley Ave St., 27 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Miller — No War Record

(a) Residence: No. 3106 Chesley Ave St., ..... Ward. .....
(Usual place of abode) 66 (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
~~Husband of~~ (or) WIFE of Albert Miller

6. DATE OF BIRTH (month, day, year) Feb 25 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Erie
(State or country) Pennsylvania

MOTHER FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Charles Miller
(Address) 3106 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 23 19 35

19. UNDERTAKER William Cook
(Address) 1817 St Paul Street

FILED Aug 21 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1912 E. North Ave

M. D. [illegible]

15368

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15368

## CERTIFICATE OF DEATH

122-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Atzwoder

(a) Residence: No. 1524 N. Dallas St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Atzwoder

6. DATE OF BIRTH (month, day, year) May 18 70

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer yrs 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joshua Atzwoder

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Atzwoder

(Address) 1524 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury C & M. Date Aug. 22 - 1935

19. UNDERTAKER Bryant Jamie W. Wright

(Address) 1218 Dn C & Terrill St

FILED 21 1935 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:40 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Dyspnea | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 15369

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15369

## CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 12 Ward)

Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 58 yrs. 0 mos. 0 ds.

2. FULL NAME Elsie Elizabeth Griffin

(a) Residence: No. 307 E. North Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 58 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Judicial Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F.&G. Co.

10. Date deceased last worked at this occupation (month and year) Aug-19-1935

14. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (City or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Griffin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah J. Dennis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Florence M. Griffin (Brother) 106 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug-21-1935

19. UNDERTAKER (Address) Stewart Mowen Co. 108 W. North Ave.

20. FILED Aug 22 1935 Thos. E. Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-19-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw her alive on Aug-19-1935, 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset .....

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 19, 1935

Where did injury occur? Mt. Vernon Pl. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Car struck & threw to ground

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Witnessed by Automobile M. D.

Coroner

(Address) 102 E. Fayette St.

F 15370 F 15370

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 134

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? 53 yrs. 1 mos. 4 ds.

If U. S. Veteran specify WAR (No.)

2. FULL NAME Margaret D. Cut Loppington

(a) Residence: No. 606 W. 40th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Ridgely Loppington

6. DATE OF BIRTH (month, day, year) July 16th, 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Cut

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT J. Ridgely Loppington

(Address) 606 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug-22 1935

19. UNDERTAKER Stewart Mortuary

(Address) 108 W. Monument

20. FILED 19 Huntington Williams

AUG 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11th, 1935, to Aug. 20th, 1935.

I last saw her alive on Aug. 20th, 1935. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 8/20/35 |
| Hypertension thyroidism | 1926 |
| Bilateral Nephrolithiasis | 1930 |
| Pyelonephritis | 1935 |
| Other contributory causes of importance: | |
| Persistent Vomiting | 3 weeks |

Was an operation performed? yes Date of 8/15/35 7/25/35 8/6/35

For what disease or injury? Nephrectomy Lt. Nephrotomy Lt. Date of

Name of operation Nephrotomy Lt. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. McLoperland M. D.

(Address) Union Memorial Hosp.

M. D. F. 1263-30

F 15371

F 15371

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Baby Boy Weiss

(a) Residence: No. 4008 Clermont Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 12 1935

7. AGE: Years ..... Months ..... Days 8 Da. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Ernst Weiss

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Augusta Scholbrosky

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ernst Weiss (Address) 4008 Clermont Ave

18. BURIAL, CREMATION, OR REMOVAL: Place St Peters Date 8/20, 1935

19. UNDERTAKER: Emil A. Tyler (Address) Fulton & Fayette

20. FILED AUG 21 1935, 19.. Registrar of Vital Statistics

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1935 to 8/20, 1935

I last saw him alive on ..... 19 35 Death is said to have occurred on the date stated above, at 10 30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Disease with Patent Ductus Arteriosus & Patent Foramen Ovale | Birth |
| Other contributory causes of importance: | |

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. F. Sedlacek, M. D.

(Address) Bon Secours Hosp.

F 15372 F 15372

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 N Charles St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Alexander Eckenrode If U. S. Veteran specify WAR None

(a) Residence: No. 2620 N Charles St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alverda B Eckenrode

6. DATE OF BIRTH (month, day, year) Oct 31-1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 3½

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Henry Eckenrode

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Rebecca Shook

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Eckenrode

(Address) 2620 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Aug 22 1935

19. UNDERTAKER For the Requiem Loss

(Address) Norbeck Penna

20. FILED Aug 22 1935 Hunter Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935 to Aug 19, 1935

I last saw him alive on Aug 19, 1935. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of left Femur (shock) | 2 days Aug 17 |
| Hypostatic Pneumonia | 1 day |
| Arteriosclerosis | 5 years |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Accid Date of injury Aug 17, 1935

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Home

Manner of injury Fall in bath room

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J Morley Stoag M. D.

(Address) 729 Cathedral Blvd

1935

F 15373 F 15373

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 23

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Maude Burgess Day

(a) Residence: No. Ellicott City Md Rt 3 St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lester Day

6. DATE OF BIRTH (month, day, year) Aug 28, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mr R. T. Burgess

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mrs Blanche Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem Date Aug 23 1935

19. UNDERTAKER F. C. Higinbotham Inc
(Address) Ellicott City Md

20. FILED ..... 19..... Registrar.

21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1935 to 8-21 1935

I last saw her alive on 8-21 1935 Death is said to have occurred on the date stated above, at 8 00 A.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis — Date of onset 2-26-35
Pulmonary Tuberculosis

Other contributory causes of importance:

Cystitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N. Carnaby, M. D.

(Address) Maryland General Hosp

M. D. B. 1268-9

15374

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 15374

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ) St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Mos. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Carroll

(a) Residence: No. 1405 Mosher St Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 3 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Carroll

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Viola Stevenson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Auburn

Place Date 8/22 '35

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED AUG 21 1935 Washington, D.C. Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13 '35 to Aug. 17 '35

I last saw him alive on Aug. 17 '35 Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis — Date of onset 8/1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Washington M. D.

(Address) Johns Hopkins Hosp.

M. D. P. 1268-9

F 15375

15375 300425

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Strothers

(a) Residence: No. 430 N Mount St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

5a. If married, widowed, or divorced
HUSBAND of Saphrie
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Mitchell Strothers
14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Elizabeth Wilmerly
16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/22 19 35

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Pressman st

FILED AUG 21 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to Aug 19, 1935
I last saw h im alive on Aug 19, 1935 Death is said to have occurred on the date stated above, at 450 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Hypertension & | |
| Arteriosclerotic Heart | |
| disease. | |

Other contributory causes of importance:

Pulmonary edema.
Broncho-pneumonia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carmichael Ogburn, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 15376

F 15376

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2112 Rosedale St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Grimes

(a) Residence: No. 2112 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3a. If married, widowed, or divorced (or) WIFE of Southey Grimes

6. DATE OF BIRTH (month, day, year) Sept 23 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 10 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollsburg Virginia

FATHER

13. NAME William Thornley

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sallie Beulard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Sallie Nicey

(Address) 2112 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Meddleser Co Va Date Aug 21, 1935

19. UNDERTAKER F Vernon Kushner

(Address) 2321 Edmondson Ave

20. FILED 21 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 19 35, to Aug 19-35, 19

I last saw her alive on Aug 19, 19 35. Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilitation of heart | 1 day. |
| myocarditis over about 1 yr. | |
| Other contributory causes of importance: | |
| arterio-sclerosis | ? |

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dimbatt M. D.

(Address) 2220 Harrison Blvd

M. D. R. 1268-9

F 15377 HEALTH DEPARTMENT—CITY OF BALTIMORE 15377

# CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Patapsco St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levin P. Cook

(a) Residence: No. 1618 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie V. Cook

6. DATE OF BIRTH (month, day, year) Nov. 17, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Sinclair-Scott Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Cook

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Anna R. Hancock

16. BIRTHPLACE (city or town) (State or country) Lake Shore, Md.

17. INFORMANT Oliver J. Cook (Brother)
(Address) Rock Point, A.A.Co., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 21, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St

AUG 21 1935

20. [illegible] Washington Boulevard

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 8/18 |
| Cardiac Hypertrophy | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) V. V. Wright M. D.

(Address) 1010 S. Edmondson Ave.

F 15378

M. D. B. 1268-9

F 15378 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. Collington Ave. St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS. BERTHA A. GRIFFNER

(a) Residence: No. 221 S. Collington Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Griffner

6. DATE OF BIRTH (month, day, year) Jan. 29. 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 63 | 6 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Grimewald

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Preper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. August Griffner
(Address) 221 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Ch. Cem. Date Aug. 21. 1935

19. UNDERTAKER HENRY SANDERS & SONS. INC. Sam T. Sanders
(Address) Baltimore & Broadway Huntingdon Baltimore, Md.

Filed ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to August 18 1935

I last saw her alive on Aug 17 1935 Death is said to have occurred on the date stated above, at 5.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach and Intestines | 3/1/34 |
| Other contributory causes of importance Cachexia & Metastasis | 7/18/35 |

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? Surgical treat

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elbert Greenlee M. D.

(Address) 1025 E. North Ave.

M. D. F. 1268-9

F 15379

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15379

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Hollins St., 19-4 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Gearin

(a) Residence: No. 1713 Hollins St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10th 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 82. | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME James Gearin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nanno O'Shea

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Smith
(Address) 1713 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. 8/22/1935

19. UNDERTAKER John J. Cowan & Son
(Address) 1901 Huntington Ave, Huntington Williams, W. Va.

21 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/1935

22. I HEREBY CERTIFY, That I attended deceased from 6/12/35. 19..., to 8/18/35. 19... I last saw her alive on 8/18/35. 19... Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterior Schlerosis | |
| Chronic Nephritis. | |

Other contributory causes of importance:

Asthenia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Guy Dorsey, M. D.

(Address) 400 W Baltimore

F 15380

M. D. P. 1-38-9 15380

# HEALTH DEPARTMENT—CITY OF BALTIMORE

30268 2 Ced

## CERTIFICATE OF DEATH

✓ 119

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Leck

(a) Residence: No. 1317 N. Washington Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Oct 6, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frank Leck

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Ingram

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 22 1935

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patt Park Ave

20. FILED AUG 27 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 . 1935 to Aug 19 . 1935

I last saw him alive on Aug. 19 1935 Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nutritional Disease (diarrhea) | 8-4-35 |
| Dilatation Acutis Media | 8-17-35 |
| Terminal Bronchial pneumonia | 8-19-35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Washington, M. D.

(Address) Johns Hopkins

M. D. B. 1268-9

F 15381

5381

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Bond St., 7 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J. Nemec

(a) Residence: No. 707 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Nemec

6. DATE OF BIRTH (month, day, year) March 16 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 78 | 4 | 2 | 24 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bitschai Austro-Hungaria

FATHER

13. NAME Matthew Nemec

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Kula

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Carl Nemec

(Address) 707 N. Bond

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 23 1935

19. UNDERTAKER Frank Creech & Son

(Address) 1406 Eutaw and Cove

Huntington Williams, Registrar.

20. FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August, 1934, to Aug 20, 1935

I last saw him alive on 8/18, 1935 Death is said to have occurred on the date stated above, at 3. P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 8/16/35 |
| Cerebral Hemmorhage | 1934 |
| Hypertension | ? |
| Other contributory causes of importance: | |
| Epilepsy | ? |
| Arteriosclerosis | ? |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Louis J. Klein, M. D.

(Address) 7627 E. Monument St Balto Md.

M. D. B 1268-9

15382 F 15382

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Curtis

(a) Residence: No. 1808 Highland Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 5, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 1 | 19 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME Harvey Curtis

14. BIRTHPLACE (city or town) ..... (State or country) North Carolina

MOTHER

15. MAIDEN NAME Cosilee Jones

16. BIRTHPLACE (city or town) ..... (State or country) North Carolina

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date aug 21 19 35

19. UNDERTAKER [illegible]

(Address)

20. FILED 1935 [illegible] Registrar

1663

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-6-35 19

22. I HEREBY CERTIFY, That I attended deceased from 8-5-35 19 ..... to 8-6-35 19 .....

I last saw him alive on 8-6-35 19 ..... Death is said to have occurred on the date stated above, at 8 50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| prematurity | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Whitridge, Jr. M. D.

(Address) JOHNS HOPKINS HOSPITAL

M. D. B. 1268-9

15383

F 15383

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 157-D

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Johnson

(a) Residence: No. Cottage Grove ave St., ..... Ward. Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-34

7. AGE: Years: 1 | Months: 16 4 | Days: | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Clarence Johnson

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Dorothy

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Rendo
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place J. H. Med School Date Aug 21, 1935

19. UNDERTAKER: [illegible]
(Address)

20. Date 1935 Huntington Williams, M.D. Registrar.

1664

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1935 to Aug 17, 1935

I last saw her alive on Aug 17, 1935 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Malformation of brain (congenital) — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Judson A. Washington M. D.

(Address) Johns Hopkins Hosp.

M. D. F 1268-9

F 15384

15384

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1550 Clifton Ave St., 19 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magnetha Stengel

(a) Residence: No. 1550 Clifton Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Stengel

6. DATE OF BIRTH (month, day, year) Feb 14 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Margaret Stengel

(Address) 1550 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8-23 1935

19. UNDERTAKER Mrs. Chas A. G. Rohde

(Address) 2277 Edmondson Ave.

20. FILED 8-21-1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1930 to Aug 20 1935

I last saw her alive on Aug 17th 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1925 |
| Other contributory causes of importance: | |
| Hypertension | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. W. Hemmeter M. D.

(Address) 1002 Eastern Ave

M. D. B 1268-9

F 15385

15385 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hosp St., 11 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Theodore Xenos

(a) Residence: No. 1321 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lee Xenos

6. DATE OF BIRTH (month, day, year) Sept 15 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or ....min. |
|---|---|---|---|---|
| | 29 | 11 | 6 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Nicholas Xenos

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Efthalia ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Anthony Xenos

(Address) New York

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 22 1935

19. UNDERTAKER Albert W Gregory

(Address) 940 E north Ave

20. FILED 1935 Huntington Willis Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-35 . 19 . to 8-19-35 . 19 .

I last saw h[illegible] alive on 8-19-35 19 . Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |
| Chronic effusion | ? |
| T.B. Pleurodites C effusion | ? |
| Tuberculosis meningites | 3 wks |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) W. B. - 1 - X

15386 15386

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR Civil

2. FULL NAME Jacob Dellman
(a) Residence: No. 1608 Aliceanna St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Livery stable keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 30?

12. BIRTHPLACE (city or town) (State or country) City Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles R. Weber
(Address) 2829 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore cem. Date Thurs Aug 22 1935

19. UNDERTAKER Robert S. Little
(Address) 2100 Edmondson Ave.

20. FILED 8 21 1935 Registrar. APH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1935 to 8/19, 1935
I last saw him alive on 8/19, 1935 Death is said to have occurred on the date stated above, at 5:35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day |
| Arteriosclerosis | ? |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp

M. D. B. 1268-9

F 15387

15387

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Edgewood Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E. Hertel

(a) Residence: No. 3601 Edgewood Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hertel

6. DATE OF BIRTH (month, day, year) Nov. 10, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Bach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Wenchel

(Address) 3601 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 8/22/35 19...

19. UNDERTAKER Henry W. Meare & Son

(Address) 805 E. Calvert St.

20. FILED 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to Aug 19, 1935

I last saw her alive on Aug 19, 1935. Death is said to have occurred on the date stated above, at 1:20 ?. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | ? |
| | - |

Other contributory causes of importance:

| | |
|---|---|
| Hypostatic Pneumonia | 8-17-35 |

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John D. Tuboly, M. D.

(Address) 4803 Eastern Ave

M. D. B 1268-9

15388 HEALTH DEPARTMENT—CITY OF BALTIMORE 15388

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital × 36 Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Sue Ludwig

(a) Residence: No. Parkton Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1st 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md.

FATHER

13. NAME John F Ludwig

14. BIRTHPLACE (city or town) (State or country) Falling Waters W. Va.

MOTHER

15. MAIDEN NAME Leona M Smith

16. BIRTHPLACE (city or town) (State or country) Cockeysville Md.

17. INFORMANT John F Ludwig

(Address) Parkton Md

18. BURIAL, CREMATION, OR REMOVAL

Name of Cemetery Date Aug 23 1935

Place of Removal Freeland Md

19. UNDERTAKER Paul M Hartenstein

(Address) New Freedom Pa

21. FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:10 P m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia (organism unknown) | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

15389 F 15389

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Mary Reedy

(a) Residence: No. 1209 W. Lombard St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 4 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Reedy

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Healey.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 8-23 19 35

19. UNDERTAKER Peter Brooks & Son
(Address) Baltimore & Hollins Sts.

20. FILED 19 Registrar

21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1935 to August 20 1935

I last saw her alive on August 20 1935 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tonsilectomy & Adenoidectomy | 8/20/35 |
| 2 ndary Hemorrhage | 8/20/35 |
| Myocardial failure | 8/20/35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/20/35

For what disease or injury? Chronic Tonsilitis & adenoiditis

Name of operation Tonsilectomy & Adenoidectomy Date of 8/20/35

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Wd. Gen. Hosp

M. D. B 1268-9

F 15390

5390

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Ramsay St., 19 Ward)

Length of residence in city or town where death occurred 1 yr. 2 mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard L. Kuhl

(a) Residence: No. 1531 Ramsay St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Mary C Kuhl

6. DATE OF BIRTH (month, day, year) Nov 13 - 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August C. Kuhl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Grabb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary C Kuhl.

(Address) 1531 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date 8/22/35

19. UNDERTAKER Harry K Bridge

(Address) 1101 Eutaw Pl

20. FILED Aug 21 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? coma & Paralysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9 F 15391 F 15391

502557 Chol.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 137

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. most 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C. Mitchell

(a) Residence: No. Hebron, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth (same)

6. DATE OF BIRTH (month, day, year) Feb. 1 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert C. Mitchell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Phillips

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Delmar Del. Date Aug. 21. 1935

19. UNDERTAKER John C. Milby
(Address) 2435 E. Oliver St

20. FILED ... 19 ... Registrar.

AUG 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 21 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 ... 1935 to Aug 21 ... 1935

I last saw him alive on Aug. 21 1935 Death is said to have occurred on the date stated above, at 1.38 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign Prostatic Hypertrophy | 2 |

Other contributory causes of importance:

Secondary hemorrhage

Name of operation Suprapubic Prostatectomy Date of 8/15/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. D. Thompson M. D.

(Address) Johns Hopkins Hosp.

AUG 21 1935

M. D. D. 1-34-9 F 15392

F 15392

30367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolly Hoffman

(a) Residence: No. 615 Smith ave St., ..... Ward. Vienna W Va

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 25-1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 56 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME Nelson Ludwick

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Martha Hartley

16. BIRTHPLACE (city or town) (State or country) W Va ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Parkersburg W Va. Date Aug 22 1935

19. UNDERTAKER John C. Mitchell Home

(Address) 1220 Eutaw Place

19a. FILED Aug 22 1935 Huntington Williamson [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935 to Aug 21, 1935

I last saw her alive on Aug 21 1935 Death is said to have occurred on the date stated above, at 2:50 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac embolism and massive collapse of the lung. | according to history |
| | Sept |
| | Sept |
| Other contributory causes of importance: Hypertension | over |

Name of operation Resection of medial leg. Date of 8-21-35

What test confirmed diagnosis? By Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Asst Physician M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 15393

Stock 6-9-29—M. C. Co.—1000 Blks.

F 15393

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 Bonaparte Ave (St.; Ward)

2-FULL NAME Nellie F Byrnes

(a) RESIDENCE. No. 924 Bonaparte St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? No Record yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced ~~Husband of~~ (or) WIFE of: Joseph W. Byrnes

6 DATE OF BIRTH (month, day, and year): Sept 21st 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 11 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Catherine Mc Dougall

(Address) 924 Bonaparte Ave

15 Filed Aug 22 1935 (Huntington W. [illegible])

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21 1935

17 I HEREBY CERTIFY, That I attended deceased from 3-19 1935, to 8/21 1935

(that I last saw h[illegible] alive on 8/21 1935.

and (that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 18 ds.

(8 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test.

(Signed) Dan'l Miller, M. D.

8/21 1935 (Address) 1500 W Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: Aug 24 1935

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

THIS is very important. See instructions on back of certificates.

G 22 1935

F 15394

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15394

## CERTIFICATE OF DEATH

1334-82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgianna Dennis.

(a) Residence: No. 3821 Pleasant Pl. St., Hampden.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Winfield S Dennis

6. DATE OF BIRTH (month, day, year): June 25, 1866

7. AGE: Years 69 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph Foster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah J Farrelow

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Anna M Arbaugh 3821 Pleasant Pl Hpdn

18. BURIAL, CREMATION, OR REMOVAL: Place St Mary's Hampden Date 8/24 1935

19. UNDERTAKER (Address): Williams & Co 1217 W Lexington St Baltimore Md

20. FILED 19 Registrar.

AUG 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1935 to 8/21, 1935

I last saw her alive on 8/21, 1935 Death is said to have occurred on the date stated above, at 5.15 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral thrombosis | 4 days |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. H 1268-9

F 15395

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15395

## CERTIFICATE OF DEATH

√ X 131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 36 yrs. 1 mos. ds. How long in U. S. If a foreign birth? yrs. mos. ds.

2. FULL NAME Adolph Meyer
(a) Residence: No. 2711 Gay Monterrosa Ward. Dundalk Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Johanna
6. DATE OF BIRTH (month, day, year): Aug 9 1868
7. AGE: Years 67 | Months 0 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1923
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Unterm Germany

FATHER
13. NAME: Raymond Meyer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Victoria Stoltz
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Ottilie M Kneis
(Address) 2711 Gay Monterrosa

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date 8/24/35

19. UNDERTAKER: Wm Cook
(Address) 1214 E Fayette St

20. FILED: Aug 26 1935 Huntington Williamson Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, at 8.15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| Other contributory causes of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Wright Coroner, M. D.
(Address) 1610 S. Edmondson Ave.

M. D. H. 4268-5

E 15396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH John Hopkins

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Stakes

(a) Residence: No. 419 Spring St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | col | Child |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? — 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 4 | - | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George Stakes

14. BIRTHPLACE (city or town) (State or country) Carolina

MOTHER

15. MAIDEN NAME Emma Blackwell

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Geo. Stakes

(Address) 419 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Aug 22 1935

19. UNDERTAKER John W Henderson

(Address) 1525 E Monument St

20. FILED Aug 22 1935 Assistant Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20-1014 am 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sickle Cell Anemia | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 8/20, 1935

Where did injury occur? Jefferson & Eden Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Crossing Street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley Otto M. D.

Coroner

(Address) 514 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15397 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15397

# CERTIFICATE OF DEATH

✓ X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 37 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joseph Clark

(a) Residence: No. Reisterstown, Md St., — Ward. —

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced HUSBAND of WIFE of Mary A. Clark

6. DATE OF BIRTH (month, day, year) Aug 20 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 53 | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME John R Clarke

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Rork

16. BIRTHPLACE (city or town) (State or country) Reading Pa

17. INFORMANT Mollie F Clarke

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL Cemetery Balto Co

Place Dover Church Date Aug 23 1935

19. UNDERTAKER C. L. Marshall

(Address) 3534 Falls Road

20. FILED 1935 Huntington Williams, M.D.

(Registrar)

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 21 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 14 , 1935 to 8 - 21 , 1935

I last saw him alive on 8 - 21 , 1935 Death is said to have occurred on the date stated above, at 12:10 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1934 |
| Thoracoplasty - 1st stage | 7-16-35 |
| Thoracoplasty - 2nd " | 8-13-35 |

Other contributory causes of importance: None

Name of operation Thoracoplasty Date of 8-13-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) H. Freeman , M. D.

(Address) University Hospital

M. D. P. 1268-9

F 15398

F 15398

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 14 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barthena Fauntleroy

(a) Residence: No. 1611 Dawson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 23 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Va
(State or country) Virginia

FATHER

13. NAME Sam Fauntleroy

14. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

MOTHER

15. MAIDEN NAME Emma Roane

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

17. INFORMANT Bessie Johnson
(Address) 418 W Mal Road Lo

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Co 09 Date 8/23/35

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pierpont St

20. FILED Assistant Registrar
AUG 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-13-1935 to 8-20-1935

I last saw h alive on 8-20-1935. Death is said to have occurred on the date stated above, at 6 18 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 8-13 |
| Exhausted Peritonitis | 8-14 |

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 8-14

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Provident Hospital

F 15399 F 15399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 26

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME James McDonald Lee
(a) Residence: No. 1365 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 9 | 1 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnaceman's helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper box co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) —

MOTHER
15. MAIDEN NAME Mary E. Lee
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Georgeanna Butler
(Address) 1646 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters cemtery Date 8/23 35
19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman st
20. Filed 8 23 1935 Washington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19 1935
22. I HEREBY CERTIFY That I attended deceased from 10-22 1934 to 8-19 1935
I last saw him alive on 8-18 1935 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Spine | 9 |
| Other contributory causes of importance Myocardial failure | 9 |

Was an operation performed? none Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? X-Ray Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Robt F Martin M. D.
(Address) Balto City Hospt

M. D. B 1268-9 B 15400 F 15400

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 71-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis Jackson

(a) Residence: No. 2546 Mace St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 17-1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | — | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Theodore Jackson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Emma Jordan

16. BIRTHPLACE (city or town) (State or country) Charleston Virginia

17. INFORMANT Theodore Jackson
(Address) 2546 Mace St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 8/22/ 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St.

Huntington Williams, M.D.
Registrar.

AUG 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anemia (Undetermined) | |

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 15402 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15401

# CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Queens Anne Rd (Ward) 15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Freida Rappeport

If U. S. Veteran specify WAR

(a) Residence: No. 2507 Queens Ann Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jonas

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT A. Rappeport - Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto. Hebrew Cem. Date 8/22/35

19. UNDERTAKER Jack Levy Inc. 1437 E. Balto St.

(Address)

PLACE Huntington Williams, N.Y.

AUG 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 30 to 8-21 19 35

I last saw h alive on 8-21 19 35 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 1 day. |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis | 5 yrs+ |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis E. Wice M. D.

(Address) 920 St. Paul St. Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F15402 F15402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 34-J-54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gerald Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1122 Argyle Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C. | Unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 48 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Olivia Wright
(Address) 1010 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 8/22, 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W Fayette St.

20. FILED AUG 22 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1935 to 8/16, 1935

I last saw him alive on 8/16, 1935 Death is said to have occurred on the date stated above, at 10 ½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mediastinal tumor | |
| Possibly aneurysm | 5 mo? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-S

F 15403 F 15403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 178-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 Park ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ralph R. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 1534 Park Ave St., ..... Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Alta Taylor

6. DATE OF BIRTH (month, day, year) March 22. 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 45 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo E. Taylor Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Addie Rudaeph

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Alta Taylor

(Address) 1534 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Aug 22 1935

19. UNDERTAKER Bernard A Eberle

(Address) 5135 Baltimore Road

FILED Aug 22 1935 Washington Williamson, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find the said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. about 12-1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental death | |
| from Monoxide gas & | |
| Myocarditis of Heart, | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 21 1935

Where did injury occur? 1534 Park ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage Rear of 1534 Park Ave

Manner of injury Heart failure and gas in Garage

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Hayes Coroner, M. D.

(Address) 215 N. Howard St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

15404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15404

## CERTIFICATE OF DEATH

✓ 69

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Gay St. 10 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary C. Beck

(a) Residence: No. 925 N. Gay St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Vondergreen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Fink
(Address) 925 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 23. 1935

19. UNDERTAKER Frank A. Fisher
(Address) 915 E. Lay St

AUG 22 1935 Filed in Washington, N.Y.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1935 to Aug 20 1935

I last saw h[illegible] alive on Aug. 20 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 8/14/35 |

Other contributory causes of importance:

| | |
|---|---|
| Cocity - Glandular Imbalance and Insanity | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 432 S. Patterson Pk Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15405

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15405

131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Jasonowski

(a) Residence: No. 600 N. Belnord Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Jasonowski

6. DATE OF BIRTH (month, day, year) 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jerge Habrouski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Thomas Jasonowski
(Address) 600 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Aug. 23. 1935

19. UNDERTAKER F. W. Ozarzewski
(Address) 930 E. Baltimore St
Huntington Williams, Inc

20. ..... 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 21 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Chronic Interstitial Nephritis | |

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Rhentzer . M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

22153

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15406 CERTIFICATE OF DEATH ✓ 93 F 15406

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Sohn

If U. S. Veteran specify WAR

(a) Residence: No. 635 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Dorsey

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| Abt. 61 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rack Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robt. Sohn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mc Guigness

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Robt. Sohn (Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL Place Mayland Date 8/22/35 19

19. UNDERTAKER Geo. Fabian & Sons (Address) 21 E. Lexington

20. AUG 22 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/19/35

22. I HEREBY CERTIFY, That I attended deceased from 7/22/35 to 8/19/35

I last saw him alive on 8/19/35 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Duration of each |
|---|---|
| Myocardial insufficiency | Sick |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Ritz, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

15407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15407

## CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Florence Cavanaugh

(a) Residence: No. 1521 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Cavanaugh

6. DATE OF BIRTH (month, day, year) Sept 20/82

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 52 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 8/15

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Henry Fenby

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emilia Yates

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT John Cavanaugh

(Address) 1521 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 8/21/35

19. UNDERTAKER Geo. P. Zepp & Sons

(Address) 1318 Light St

20. FILED AUG 22 1935, 19... Hampton Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/35. 19

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1935 to August 21, 1935

I last saw her alive on August 21, 1935 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 2 Diabetic Gangrene | |
| 1 Diabetic Nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetic Coma | |

Name of operation None Date of

What test confirmed diagnosis? Blood chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alvin R. W. Woolf M. D.

(Address) South Baltimore General

OCCUPATION is very important. See instructions on back of certificate.

F 15408

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15408

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N Kenwood Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E Muller

(a) Residence: No. 715 N Kenwood Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | whtie | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A Muller

6. DATE OF BIRTH (month, day, year) May 29 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Frederick A L Muller

14. BIRTHPLACE (city or town) Ger (State or country)

MOTHER

15. MAIDEN NAME Katherine Werner

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Sophia A Muller

(Address) 715 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Park Wood Cem. Date Aug 23 1935

19. UNDERTAKER John Leech

(Address) 2008 Eutaw Pl

20. FILED Aug 22 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935, to Aug. 20, 1935

I last saw h.. alive on Aug. 20, 1935. Death is said to have occurred on the date stated above, at 9 15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |
| | |
| | |
| | |
| Other contributory causes of importance: Acute heart failure. | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Mahnke, M. D.

(Address) 701 N. Kenwood Ave.

AUG 27 1935

OCCUPATION is very important. See instructions on back of certificate.

F 15409

M. D. B 1268-9

F 15409

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2104

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. ..... St. 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Lyman Hester Jr

(a) Residence: No. 347 E Cornwall St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 6 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Raymond Lyman Hester Sr

14. BIRTHPLACE (city or town) (State or country) Chicago Ill

MOTHER

15. MAIDEN NAME Ethel Coe

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Raymond Lyman Hester Sr

(Address) 347 E Cornwall St

18. BURIAL, CREMATION, OR REMOVAL

Woodbrook Comm. Date Aug 22 1935

19. UNDERTAKER John Uzzle Sr

(Address) 2008 Orleans St

Filed Aug 22 1935 Registrar.

8-22-35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | 8/13/35 |

Other contributory causes of importance: Streptococcus Hemolyticus 3 days ago

Was an operation performed? ✓ Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/13 1935

Where did injury occur? Broad & 45 Druid Pk (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell from car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Howard Bruns Jr M. D. Coroner

(Address) 5142 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

15410

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15410

## CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Howard Baker Brooke

(a) Residence: No. 112 Hawthorn Rd St., ..... Ward. .....
(Usual place of abode) Catonsville Md (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna E Brooke

6. DATE OF BIRTH (month, day, year) Dec 29 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 33 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. Md
(State or country)

FATHER

13. NAME Wallace L Brooke

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary L Criswell

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs Anna E Brooke
(Address) 112 Hawthorn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Aug. 23 1933

19. UNDERTAKER Horace K. Burgee
(Address) 3631 Falls Road

20. FILED ..... 19 ..... Registrar .....

AUG 22 1933

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20/33 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/20/33, 19

Where did injury occur? Catonsville Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Automobile accident

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Herbert Bolton Jaffe M. D.
Coroner

(Address) 5 W Read St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 2268-A

F 15411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 915 Ramsey St., 21 Ward)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie P. Kummell

(a) Residence: No. # 915 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Kummell

6. DATE OF BIRTH (month, day, year) Aug 30, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ | 51 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry E. Bush

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Percilla Mannion

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr Henry Kummell
(Address) #915 Ramsey Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 8/ 23/ 1935

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

20. FILED 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/ 20/ 1935.

22. I HEREBY CERTIFY, That I attended deceased from March 11 1935 to August 20, 1935
I last saw her alive on August 19 1935. Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rectum | 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Wiley Stoag M. D.

(Address) 729 Washington Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

15412 E 15412

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carettea Howard

(a) Residence: No. 509 N. Central Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Howard

6. DATE OF BIRTH (month, day, year) 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 26 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Bowe

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rena Jackson

16. BIRTHPLACE (city or town) (State or country) Orange C.H. Va

17. INFORMANT Rena Bowe (Mother)

(Address) 509 Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Orange Va Date 8/23 1935

19. UNDERTAKER Joseph D. Locke Jr.

(Address) 2[illegible] Pepper St. Huntington Williams Md

22 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-20- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2- 1935 to 8-20- 1935

I last saw her alive on 8-20- 1935. Death is said to have occurred on the date stated above, at 4 45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 1-23- |
| Rheumatic Heart Disease | Unknown |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Subacute bacterial endocarditis | Unknown |
| Left sided hemiplegia | 7-30-35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Calvin B. LeCompte, M. D.

(Address) Provident Hospital.

M. D. B. 1268-0

E 15413

# E 15413 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Sappington

(a) Residence: No. Univ. Hosp. St., ..... Ward.

(Usual place of abode) 1703 McCulloh Apt. (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | S |

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 16, 35

| 7. AGE Years | Months | Days | If LESS than 1 day 16 hrs. or ..... min. |
|---|---|---|---|
| — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Russell J Sappington

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen E Watts

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Aug 22 1935

19. UNDERTAKER [illegible] Funeral Home

(Address) Huntington Avenue

AUG 22 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Aug 16 1935

I last saw him alive on Aug 16 1935. Death is said to have occurred on the date stated above, at 6.30 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity 34 wks | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E H DuVal M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 15414

M. D. B. 1268-9

15414

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Brantley av (St.) 16th (Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luther B. Ferrell

(a) Residence: No. 1036 Brantley av St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Nellie M. Ferrell

6. DATE OF BIRTH (month, day, year) Jan 18 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Ferrell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sallie Ardley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nellie M. Ferrell
(Address) 1026 Brantley av

18. BURIAL, CREMATION, OR REMOVAL. Place M-Grove Date Aug 26 1935

19. UNDERTAKER Samuel N. Chase & Son
(Address) 638 N. Fulton av

20. FILED Aug 26 1935 Christopher Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935, to Aug 22, 1935.

I last saw him alive on Aug 22, 1935. Death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric ulcer | 6 mo ago |
| Peritonitis | 4 da ago |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Pigott, M. D.

(Address) 1536 W. Lanvale St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15415 15415

## CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Hanover St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 26 ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William J. Never.

(a) Residence: No. 1304 Longwood St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of Johanna Never.

6. DATE OF BIRTH (month, day, year) June 25, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 67 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House furnishings.

10. Date deceased last worked at this occupation (month and year) July 20, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Never.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth ------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Johanna Never. (wife)

(Address) 1304 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 23, 1935

19. UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover St

Huntington Williams, Funeral Dir.

8-22-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 20, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis. | |
| Cerebral Embolism. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Steinhardt, M. D.

Coroner

8/21/35 Address 1017 E. Charles St.

Spec.—9-30—A. & Co.—250 Blks

15416 F 15416

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 134

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 WARD) Franklin Square Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WEN MAN

No War Service

(a) RESIDENCE NO. 312 Park Avenue ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. 0 mos 0 ds. How long in U. S., if of foreign birth? 60 yrs. 0 mos. 0 ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | (Chinese) Yellow | Married |

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Shee Man

6 DATE OF BIRTH (month, day, and year) about 1875

| 7 AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| about | 60 | 0 | 0 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): San Francisco, California

PARENTS

10 NAME OF FATHER: Could not ascertain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canton, China

12 MAIDEN NAME OF MOTHER: Couldn't ascertain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canton, China

14 Informant: Willie Chin (friend)
(Address): 312 Park Avenue

15 Filed 8-22 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 21, 1935

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 19 35, to Aug 21, 19 35

that I last saw h... alive on Aug 21, 19 35

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis - rt.

Vesicular calculus

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 8-13-35

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J. Rowe Moore M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Aug-24-35.

20 UNDERTAKER: Stewart & Mowen Company — ADDRESS: 108-W-North Ave.

TION is very important. See instructions on back of certificates. ... may be properly classified. Exact statement of OCCUPA...

M. D. B. 1268-9

B 15417

15417

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. ..... Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Murphy No War Service

(a) Residence: No. Fairmont, W. Va. St., ..... Ward. .....
(Usual place of abode). (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 4 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cameron W. Va.

FATHER

13. NAME John L. Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget A. Corman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records of (Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont, W. Va. Date Aug 24/35

19. UNDERTAKER Stuart & Mowen Co.

(Address) 122 W. Main St.

20. Aug 22 1935 Huntington, Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to Aug. 22 1935

I last saw h.er alive on Aug. 22 1935 Death is said to have occurred on the date stated above, at 12:05 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 8/21/35 |
| Pleurisy Bilateral | |
| Cerosis | |

Other contributory causes of importance: Senile Intestinal Malignancy

Name of operation None Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damian V. Alagia M. D.

(Address) 332 Jefferson

OCCUPATION is very important. See instructions on back of certificate.

15418 E 15418

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Ann Krager

If U. S. Veteran specify WAR —

(a) Residence: No. 2400 Roslyn ave, Balto. Md. Ward. —

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Krager

6. DATE OF BIRTH (month, day, year) Aug. 3 1839

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 96 | 0 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Bentley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Conner

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss M. J. Krager

(Address) 2400 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Aug. 24/1935

19. UNDERTAKER J. Wm. Mears & Son

(Address) 805 N. Calvert St.

20. FILED 22 1935 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1935 to Aug 21, 1935

I last saw her alive on Aug. 21, 1935. Death is said to have occurred on the date stated above, at 5.05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | — |
| Malignancy of Caecum | — |
| Genral Cachexia | — |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Malignancy of Caecum | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Oliver, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 15419

# 15419 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 43-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4001 Strathmore St. A 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian S. Kindervatter

(a) Residence: No. 4001 Strathmore St., A 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mch 16 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 10/0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chas. Kindervatter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elisabetha

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. Hart. F. Schottler
(Address) 4001 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 23 '35

19. UNDERTAKER W. B. Keppert & Son
(Address) 1300 Eutaw Place

22 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Aug 20 1935

I last saw h— alive on Aug 20 1935. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | ? |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | |
| Acute Cardiac Dilatation | 2 days |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Glassman, M. D.

(Address) 7532 Augusta Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15420

15420

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 7 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dennis J. Holmes

(a) Residence: No. Independence, W. Va St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Dennis Holmes

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Elizabeth Stungon

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Frank Holmes

(Address) Newberg W. Va

18. BURIAL, CREMATION, OR REMOVAL

Place Newberg W. Va Date August 22nd 1935

19. UNDERTAKER Geo. E. Cook

(Address) 1703 N. Eutaw Park Ave.

20. FILED 1935 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1935 to 8/22 1935

I last saw h. alive on 8/22 1935. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 8/20/35 |
| Other contributory causes of importance: Bronchial & Esophageal Auscultation, Esophagoscopy. | 8/17/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William Raffel, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

F 15421

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15421

## CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 1512 Gilmor St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Medley

(a) Residence: No. 620 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. ~~Single, Married~~ Widowed. ~~or Divorced (write the word)~~: Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie Medley

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 63 | Months — | Days — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): St Mary Co

FATHER

13. NAME: Alexander Medley

14. BIRTHPLACE (city or town) (State or country): St Mary Co

MOTHER

15. MAIDEN NAME: Mary E. Brooks

16. BIRTHPLACE (city or town) (State or country): St Mary Co

17. INFORMANT: Nora King Sister
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem Aug 23rd 35
(Name) (Date) 19

19. UNDERTAKER: Bernard P. Seidler
(Address) 911 Lemmon Bldg

20. FILED 19 Registrar

8-23-1935 H. E. Lee Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1935, to Aug 21 1935

I last saw him alive on 8-21-35, 19 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia Coma — Date of onset 8/20/35
Cardiac Failure

Other contributory causes of importance:
Carcinoma Vesicae Renal Anuria

Name of operation: Cystoscopic — Date of: 7/31

What test confirmed diagnosis: Cystoscopic — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm R Boykin M. D.

(Address) 1512 Gilmor St

OCCUPATION is very important. See instructions on back of certificate.

F 15422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. F 15422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Nitchens

(a) Residence: No. 1111 Madison Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 53 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frederick Douglas

(Address) 1325 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 8/23/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED AUG 23 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1935, to 8/21, 1935

I last saw her alive on 8/21, 1935 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

Myocardial insuffi - Date of onset Jan '35

Cieny ?

Hypertension

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 15423 F 15423

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6402 Eastern ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaretha Schwartz

If U. S. Veteran specify WAR ....

(a) Residence: No. 6402 Eastern ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schwartz

6. DATE OF BIRTH (month, day, year) July 12- 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 61 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Waldmann,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Wick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Schwartz

(Address) 6402 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Aug. 24. 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ..... 19.. ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1935 to Aug 20. 1935

I last saw her alive on Aug 19 35 Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hyper nephroma | |
| Pheumonia Bronchial | |

Other contributory causes of importance:

| | |
|---|---|
| Chr. Myocarditis C | |
| Hypertension Chr Nephritis | |

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Xray Cystoscop. C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? None

(Signature) Adler H. Eisenberg M.D.

(Address) 461 Eastern Ave

M. D. B. 1268-9a

F 15424

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15424 ✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 N. Milton Ave. St., 8 Ward)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick W. Kaufman

(a) Residence: No. 1310 N. Milton Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Veronica E. Kaufman

6. DATE OF BIRTH (month, day, year) August 26, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 46 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Car Loading Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Kaufman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Veronica E. Kaufman
(Address) 1310 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemt Date Aug 26, 1935

19. UNDERTAKER George W. Zirkler
(Address) 1795 E. Eager St

20. FILED ..... 19 ..... Registrar .....

AUG 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug. 22, 1935

Where did injury occur? Above address - Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall to Floor.

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. P 1268-9

F 15425 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15425

## CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 1417 S. Charles St. 23 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August C. Martin.

(a) Residence: No. 1807 Hanover St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Florence Martin.

6. DATE OF BIRTH (month, day, year) December 25, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 20 Yrs.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Martin.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Florence Martin. (wife)
(Address) 1807 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Aug 27th, 1935

19. UNDERTAKER E. Schloman & Son
(Address) 1239 Hanover st

20. FILED AUG 23 1935 Huntington, Wis. Registrar 8/22/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency. | |
| Other contributory causes of importance: | |

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto W. Steinhardt, M. D.
Coroner

Address 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 15426

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15426

93-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 W Whitelock St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 77 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah H. Holansky

(a) Residence: No. 912 W Whitelock St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Holansky

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Cohen - Son-in-law
(Address) 912 Whitelock

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Cem Date 8/23/35 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED AUG 24 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/23/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 24 . 1935, to Aug. 23 . 1935

I last saw h[illegible] alive on Aug. 23 1935. Death is said to have occurred on the date stated above, at 4 45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | Aug. 22 |
| Other contributory causes of importance: Arteriosclerotic Heart Disease | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Goldstone M. D.

(Address) 902 Whitelock St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 15427 F 15427

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 48

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. WARD 13)

2-FULL NAME Charlotte (Lottie) H. Kelly

(a) RESIDENCE NO. 2715 Pennsylvania Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | married |

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of John Francis Kelly

6 DATE OF BIRTH (month, day, and year) Mch 28 1878

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ | 57 | 10 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward H. Gildea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret E. Meeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. John F. Kelly
(Address) 2715 Pennsylvania Ave

15 [illegible] Undertaker [illegible] License No.

AUG 23 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 22, 1935

17

I HEREBY CERTIFY, That I attended deceased from July 23, 19 35, to Aug. 22, 19 35

that I last saw her alive on Aug. 22, 19 35

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 7-25-35

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Wm. Moore M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Park — DATE OF BURIAL Aug 24 19 35

21 UNDERTAKER Wm. J. Tuckerman Sons — ADDRESS Fort Pa

Secretary is important. See instructions on back of certificates.

Spec. 6-9-19 H. P. Co. 1000 Bks.

15428

# HEALTH DEPARTMENT—CITY OF BALTIMORE F 15428

## CERTIFICATE OF DEATH.

92-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 723 East Eator Ave (St.) 9 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry L Bowdoin

(a) RESIDENCE. (No.) 723 East Eator Ave (St.) (Ward.)

(Usual place of abode)

(If nonresident give city or town and State)

U. S. Veteran? No

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? Record

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Grace D. Bowdoin

6 DATE OF BIRTH (month, day, and year): March 2-1868

7 AGE: Years 67 Months 5 Days 10 If LESS than 1 day, hrs. or min. 4

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Deep Sea Salvage 0086

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bordentown New Jersey

PARENTS

10 NAME OF FATHER: Rufus P. Bowdoin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bucksport Maine

12 MAIDEN NAME OF MOTHER: Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Mrs Grace D. Bowdoin

(Address) 723 East Eator Ave

15 Filed AUG 23 1935 19 Registrar Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22 1935

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1935, to Aug 22, 1935, that I last saw him alive on Aug 21, 1935, and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Contrisary Occlusion (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Incompetence (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) Grant A. Glantz, M. D.

8/22/1935 (Address) 3244 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cremation — DATE OF BURIAL: Aug 23 1935

20 UNDERTAKER: William Cook — ADDRESS: 1217 S. Caro

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-2

F 15429

# F 15429 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Amity St., 18 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 — yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Pennick

(a) Residence: No. 213 N. Amity St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | widowed |

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Edward Pennick

6. DATE OF BIRTH (month, day, year) not Known

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 47 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Snow Hill md.

FATHER

13. NAME Louis Johnson.

14. BIRTHPLACE (city or town) (State or country) Snow Hill md.

MOTHER

15. MAIDEN NAME Leah Ewell.

16. BIRTHPLACE (city or town) (State or country) Snow Hill md.

17. INFORMANT Otho Johnson
(Address) 806 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Aug 24 '35 19

19. UNDERTAKER Mrs. Geo. N. Hilliard
(Address) 162 N Dukeland St Washington Town Williamsport, Md

20. 8 23 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8. 21. 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8. 2. 35 . 19 to 8. 21. 35 . 19

I last saw her alive on 8. 21. 35 . 19 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 8.2.35 |
| Obstipation | Jan. 1935 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Pall M. D.

(Address) 815 W. Lexington St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12649 15430 F 15430

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Wilhelm St. St., 70 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Agnes C. Schalitzky

(a) Residence: No. 1902 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Schalitzky

6. DATE OF BIRTH (month, day, year) Oct. 26th 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 49 | 50 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 30-27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME James M. McCurley

14. BIRTHPLACE (city or town) (State or country) Balti,ore Md,

MOTHER

15. MAIDEN NAME Mary J. McGlaughman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Mrs Ida M Warthan
(Address) 1902 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt. OK. 8/24 1935

19. UNDERTAKER Harry A Little
(Address) 1101 E Edmondson Ave

20. FILED AUG 25 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21st 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above 4,30 P,M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage, | |
| in left brain. | |

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

Paralysis of right side

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. D. P. 1268-9

15431

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15431

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephone Mason

(a) Residence: No. Waterberry A.A.Co, Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Mason

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Mason

(Address) A.A.Co. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Waterberry A.A.Co. Date Aug. 25, 1935

19. UNDERTAKER J. B. Johnson

(Address) Brooklyn

20. FILED G 29 1935 Harrington W. ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Abcess R. Hip. | |
| Septicemia | |
| Other contributory causes of importance: | |

Name of operation Open Abcess Date of Aug. 22

What test confirmed diagnosis Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. K. Nolan M. D.

Coroner

(Address) 2757 W. Pratt St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 15432

15432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #45 S. Arlington Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Nazarenus

(a) Residence: No. #45 S. Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~female~~ male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Nazarenus

6. DATE OF BIRTH (month, day, year) Mar 21 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Nazarenus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Nazarenus

(Address) 45 S Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 8/24/35

19. UNDERTAKER John J Howard & Son

(Address) 901 Hollins St

AUG 23 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/22/1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to August 22 1935

I last saw him alive on Aug 22 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Eyes and Nose | |

Other contributory causes of importance:

Cardiac Insufficiency 8/1/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) #927 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

15433

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15433

V. 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) 8

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anita Wolf

(a) Residence: No. 2326 East Biddle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

3a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Edward L. Wolf

6. DATE OF BIRTH (month, day, year) July 20 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Frederick C. Kalthof

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Katie Dorn.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward L Wolf

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date Aug 23, 35

19. UNDERTAKER J J Neumann & Son

(Address) 320 S. Broadway

FILED 19 ... Registrar.

G 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22. 1930

22. I HEREBY CERTIFY, That I attended deceased from July 17. 1935. to August 22. 1930

I last saw her alive on August 22 1930 Death is said to have occurred on the date stated above, at 11.20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Rheumatic heart disease. | |
| 2. Auricular fibrillation. | |
| 3. Cardiac decompensation. | |

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H M Wagenseller, M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15434 15434

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Schlicht.

(a) Residence: No. 5106 Anthony Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Schlight

6. DATE OF BIRTH (month, day, year): Aug. 13, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 45 | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Goerge Schlight

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Lorber

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary A. Schlicht
(Address) 5106 Anthony Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date 8/24/35 19

19. UNDERTAKER: Emanuel Rusch
(Address) 5305 Harford Rd.

20. FILED AUG 22 1935 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1935 to 8/21, 1935

I last saw him alive on 8/21, 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain abscess | 12 days |
| Bronchiectasis | ? |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15435

F 15435

# HEALTH DEPARTMENT—CITY OF BALTIMORE

82-B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hennie Goodman

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 70 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ezekiel Goodman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Mansbach

(Address) 1719 Gwynns Falls Pky

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Met. Cem. Date Aug. 23 1935

19. UNDERTAKER David Sadkin & Son

(Address) 1902 Eastern Ave.

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22 1935 to Aug 23 1935

I last saw her alive on July 21 1935. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1905 |
| Left Hemiplegia | 1934 |
| Recent Hemiplegia | 1935 |
| Cerebral Thrombosis Left | July 22, 1935 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph B Horn M. D.

(Address) Sinai Hospital

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 15436

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15436

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Edgewood St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice A. Koons,

If U. S. Veteran specify WAR None

(a) Residence: No. 716 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 14.1849

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 2 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uniontown Md.

FATHER

13. NAME John Koons,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Carrie Woode

(Address) 716 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL AUG 25 1935

Place Taneytown Md. Date 19..

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

AUG 25 1935 Thomas for Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1935 to Aug. 22nd, 1935

I last saw h alive on Aug. 22 1935 Death is said to have occurred on the date stated above, at 11.35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio Vascular Disease with Senile Changes | Unknown |
| Other contributory causes of importance: Bronchial Pneumonia | Aug 15th |

Was an operation performed? No Date of

For what disease or injury? Appendicitis

Name of operation "clinical" Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Campbell Wilson, M. D.

(Address) 1032 E. 36th St. Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

15437 F 15437

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1 √ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Duncan St., 1-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kendzierska

(a) Residence: No. 520 S Duncan St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michal Kendzierski

6. DATE OF BIRTH (month, day, year) Nov. 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| √ | 82 | 9 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME M. Lepinski

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank Kendzierski

(Address) 5218 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Aug 24 1935

19. UNDERTAKER F. W. Ozarowski

(Address) 1930 Eastern Ave

20. FILED Aug 25 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1935 to Aug. 21 1935

I last saw h-r alive on Aug. 21 1935 Death is said to have occurred on the date stated above, at 1.25 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| Aortic Insufficiency (Dropsy) | |
| Cerebral Hemorrhage | |
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ludwig Nowakowski M. D.

(Address) 2529 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1268-9

F 15438

15438 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Byrd St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. Byrne

(a) Residence: No. 1706 Byrd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 11-87

7. AGE: Years 54 | Months 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City 00 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Peter Byrne

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Ann McCann

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margaret Byrne
(Address) 1706 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Aug. 24 1935

19. UNDERTAKER: Maggard & Sullivan
(Address) 1425 Pine St.

20. FILED: AUG 23 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Aug 21 1935

I last saw h[illegible] alive on Aug 21 1935. Death is said to have occurred on the date stated above, at 2:20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | Aug 1934 |

Other contributory causes of importance: None

Name of operation Gastro-enterostomy Date of Jan 6 35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Kohn MD. M. D.

(Address) 10 E. Fort Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15439

# F 15439 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

154

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Hardt

(a) Residence: No. 1221 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 15 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Hardt

14. BIRTHPLACE (city or town) Balt Md (State or country)

MOTHER

15. MAIDEN NAME Margie Pech

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs John Hardt (Address) 1221 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 8/24/35

19. UNDERTAKER Engel & Staley (Address) Fulton & Fayette

20. FILED. Commissioner of Health. Secretary.

AUG 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1934 to Aug. 22, 1935.

I last saw him alive on Aug. 22, 1935 Death is said to have occurred on the date stated above, at 3 00 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abcess of L lower molar tooth | 7-1-34 |
| Staph Hemolyticus Albus Bacteremia | 8-16-34 |
| Multiple abcesses & Osteomyelitis of Lumbar Spine & Femurs. | 12-1-34 |

Other contributory causes of importance:

General Septicemia
Cachexia

Name of operation Incision & Drainage of abcesses Date of 6-1-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Simon L Kemp M. D.

(Address) St Agnes Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—6-9-19—H. P. Co.—1009 Bks.

F 15440

15440

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 59

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1503 E. North Ave WARD 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Schreck

(a) RESIDENCE. NO. 1503 E. North Ave WARD.

(Usual place of abode) Same

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? Entire Life

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, ~~widowed or divorced~~ (or) WIFE of Frank Schreck

6 DATE OF BIRTH (month, day, and year) Sept 17, 1857

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 11 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): California

PARENTS

10 NAME OF FATHER: Richard Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Lindlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Frank Schreck

(Address) 1503 E. North Ave

Filed 24 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22nd 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21st, 1935, to Aug 22nd, 1935, that I last saw her alive on Aug. 22nd, 1935, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Hypertensive and Arteriosclerotic Cardio Vascular Disease with Diabetes Mellitus

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Not applicable

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Thomas Bond Wells, M. D.

, 19 (Address) 1032 E. 36th St. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Holy Redeemer | Aug 26 1935 |
| 20 UNDERTAKER | ADDRESS |
| Wm Cook | 1217 St Paul St |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 15441

F 15441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SOUTH BALTO GENERAL ? Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ELLA TAYLOR

No War Record

(a) Residence: No. 622 E. 35th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A. Taylor

6. DATE OF BIRTH (month, day, year) AUGUST 2, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ 66 | 0 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME GEORGE CATHWRIGHT

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME JULIA CAPART

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT Mabel M. Long

(Address) 622 E. 35th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 26th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

Aug 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUGUST 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from AUGUST 20, 1935 to AUGUST 23, 1935

I last saw her alive on AUGUST 23, 1935. Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC NEPHRITIS. | |
| ARTERIOSCLEROSIS. | |
| ARTERIOSCLEROTIC GANGRENE | |
| CHRONIC ENLARGED HEART | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Albert E. W. Wolf, M. D.

(Address) S. Balto General

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 15442

15442

# HEALTH DEPARTMENT—CITY OF BALTIMORE

302962

## CERTIFICATE OF DEATH

1,31

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Williams

(a) Residence: No. 1300 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Black. | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/26/30

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 4. | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md. Md.

FATHER

13. NAME Wilson Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Rogers

16. BIRTHPLACE (city or town) (State or country) Md. Md.

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ant Auburn Date 8/24, 1935

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Greenmount Ave

20. FILED Aug 24 1935 Registrar. Certificate for Filing

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1935, to Aug. 20, 1935.

I last saw him alive on Aug. 20, 1935. Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 8 10

(Cause of kidney failure unknown)

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? H.P.H. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Armstrong, M. D.

(Address) Johns Hopkins Hospital

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15443

15443

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Matthews

(a) Residence: No. 707 Y Alley St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Matthews

6. DATE OF BIRTH (month, day, year) 1879

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Matthews

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Sarah Gantt

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Lottie Jackson

(Address) 1040 Division st

18. BURIAL, CREMATION, OR REMOVAL Western Star Cemetery

Place ..... Date 8/26 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Druid Hill Ave.

20. FILED 8-27-1935 Arlington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5 1935 to August 22 1935

I last saw him alive on August 22 1935. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 2 yrs. |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karpas M. D.

(Address) Baltimore City Hospitals

State cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

15144

F 15444

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1040 N. Wolfe (ST.,) 7 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Taylor

(a) RESIDENCE NO. 1040 N. Wolfe ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | C | M |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Manie Taylor

6 DATE OF BIRTH (month, day, and year) Sept 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| 39 | 40 | 11 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER Moses Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) J. T. Peddrick 1040 N Wolfe St

15 Filed G 24 1935, 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 21-Aug 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1934 to Aug. 14, 1935

that I last saw h alive on Aug. 14, 1935

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Chronic

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) J. H. Walker M. D.

19 (Address) 1606 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 8/26/1935

20 UNDERTAKER Isaac L Brown & Son

ADDRESS 1611 W Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 15445

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15445

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Stockton St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ellen Williams

(a) Residence: No. 632 N. Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Williams

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years: 52 ✓ | Months: — | Days: — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None odd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mary Williams

(Address) 632 N. Stockton

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Aug 24, 1935

19. UNDERTAKER: Chas. W. Chadwick Son

(Address) 638 N. Gilmor

20. FILED Aug 24, 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1935 to Aug. 22nd 1935

I last saw her alive on Aug. 22nd 1935 Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/20/35 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Bell M. D.

(Address) 713 N. Gilmor St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

15446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15446 ✓ 46-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 234 S. Ann Street St., V Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 47 yrs. ... mos. ... ds.

2. FULL NAME Wiktorya Dora Milwicz

(a) Residence: No. 234 S. Ann Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 59 | 8 | 20 | 19 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael J. Milwicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Teofilia Stankiewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Kowalski

(Address) 234 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 26 1935

19. UNDERTAKER John M Welch

(Address) 401 S. Chester ave

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to Aug 22 1935

I last saw h.C.R alive on Aug 22 1935 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 8-19-35 |
| Other contributory causes of importance: Carcinoma of Stomach | 6 wks. autopsy |

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S.A.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John V. Feserbrichi M. D.

(Address) 1802 Eastern ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15447

15447

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 W Lanvale St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Irene Aust

(a) Residence: No. 2425 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-4-35

7. AGE: Years | Months | Days 18 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert S Aust

14. BIRTHPLACE (city or town) (State or country) Penn Dairy Co

MOTHER

15. MAIDEN NAME Ina R. Gaither

16. BIRTHPLACE (city or town) (State or country) Sykesville Md

17. INFORMANT Albert Aust
(Address) Penn Dairy Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Cattonsville Md. Date Aug 27 1935

19. UNDERTAKER Albert S. Aust Father
(Address) Cattonsville Md.

20. FILED ..., 19... Registrar.

AUG 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-4 35. 19... to 8-23-. 1935

I last saw h.e alive on 8-23. 1935 Death is said to have occurred on the date stated above, at 5:00 am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Disease | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Penn Dairy Co. M. D.

(Address) 2400 N Payson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 3

AACo. 5-11 250B

(26.0)

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15448 23 F 15448

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3202 Hayward Ave. Ward)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Brown

(a) Residence: No. 3202 Hayward Ave Ward. 27
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 2, 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 19 20 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stevenson (State or country) Balto. Co., Md

FATHER

13. NAME Jacob M. Brown
14. BIRTHPLACE (city or town) Black Rock (State or country) Balto Co, Md.

MOTHER

15. MAIDEN NAME Cecelia Coombs
16. BIRTHPLACE (city or town) Black Rock (State or country) Balto Co, Md

17. INFORMANT Mrs. J. M. Brown
(Address) 3202 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Black Rock Date Aug 26 1935

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Govans, Md.

20. FILED AUG 24 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935, to Aug 23, 1935
I last saw her alive on Aug 23 1935 death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman K. Trent, M. D.
(Address) 2601 Manhattan Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15449

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Relva Lee Peddicord

(a) Residence: No. 416 W. Pratt St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Peddicord

6. DATE OF BIRTH (month, day, year) March 19 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 52 | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Fredrick Co. (State or country) Maryland

MOTHER

13. NAME Genge W. Shoemaker

14. BIRTHPLACE (city or town) Fredrick Co. (State or country) Md.

FATHER

15. MAIDEN NAME Ruth Burrall

16. BIRTHPLACE (city or town) Fredrick Co. (State or country) Md.

17. INFORMANT John L. Peddicord (Address) 416 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Place Locust Grove Cemetery Date Aug. 26. 1935

19. UNDERTAKER C. M. Watts (Address) Winfield, Md.

Huntington Funeral Home, N.Y.

20. FILED ... 19 ... Registrar.

AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| Other contributory causes of importance: | none |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Edwards Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 6

15450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15450

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 W. Fairmount Ave. Ward) 5th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie E. Sheckells

If U. S. Veteran specify WAR no

(a) Residence: No. 2522 W. Fairmount Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Robt. Sheckells.

6. DATE OF BIRTH (month, day, year) Oct. 19-1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Francis D. Katenkamp

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary E. Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Wm. W. Robt. Sheckells

(Address) 2522 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Aug. 24 1935

19. UNDERTAKER Geo. L. Beyer Jr.

(Address) 1512 Pollitt St.

20. FILED Aug 24 1935 Wm. [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1935 to Aug. 21, 1935

I last saw her alive on Aug. 21, 1935 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1920 |
| | |
| | |
| | |
| Other contributory causes of importance: acute cardiac dilitation | 8/21/35 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Buchness, M. D.

(Address) 37 S. Stricker St.

SEE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15451

15451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Porter

(a) Residence: No. University Hosp St., Salisbury Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 23, '35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| ✓ | — | — | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard T Porter

14. BIRTHPLACE (city or town) (State or country) Salisbury Md.

MOTHER

15. MAIDEN NAME Emma M. Dunn

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

17. INFORMANT Mr. Richard T. Porter.

(Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Aug 24, 1935

19. UNDERTAKER Henry Sander & Sons Inc Geo T. Sanders

(Address) Balto & Broadway

20. FILED Aug 24 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935, to Aug 24, 1935

I last saw him alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 1.30 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity - 28 wks | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Maternal Nephritic toxemia | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C H DeCoy, M D M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

15452 F 15452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Somerset ST., 10 WARD)

2-FULL NAME Catherine Agatha Hoffman

(a) RESIDENCE No. 1103 Somerset ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced [redacted] of or) WIFE of Martin Hoffman

6 DATE OF BIRTH (month, day, and year) June 19, 1866

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 69 | 69 | 2 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer self Balto. Md.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Isaac P. Test

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Martin Hoffman (Address) 1103 Somerset St

15 Filed [illegible], 19[illegible] [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/24/35.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to Aug. 24, 1935, that I last saw h[illegible] alive on Aug. 23, 1935, and that death occurred, on the date stated above, at 1.45 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis & Hypertension

Cerebral Hemorrhage

(duration) — yrs. mos da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) — yrs. mos. da.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no. What test confirmed diagnosis? Clinical

(Signed) Irving J. Sittman, M. D.

, 19 (Address) 130 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Aug. 27, 1935

20 UNDERTAKER Henry Hoeck Sons' Inc. — ADDRESS 1301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 24 1935

M. D. B. 1208-9

F 15453

15453 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. St., 8 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Jewell

(a) Residence: No. 1808 N. Durham St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustus Jewell

6. DATE OF BIRTH (month, day, year): June 1897

7. AGE: Years 38 | Months 2 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Gehart

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Annie Gehart

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Augustus Jewell
(Address) 1808 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Aug 26, 1935

19. UNDERTAKER: F. M. Fiske & Son
(Address) F M Fiske & Son

20. FILED ... 19... Registrar.

8 23 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1935, to 8/23, 1935

I last saw h[illegible] alive on 8/23, 1935. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus | ? |

Other contributory causes of importance:

| | |
|---|---|
| Post operative Shock | |

Name of operation: Supravaginal Hysterectomy Date of: Aug 20

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milton Lewis M. D.

(Address) West Balto Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15454

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olivia Tolliver.

If U. S. Veteran specify WAR

(a) Residence: No. 1416 Harford Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Color. | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Tolliver

6. DATE OF BIRTH (month, day, year) Nov 18th 1882

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| ✓ 53 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marion Tolliver's Husband

(Address) 1416 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Aug 25th 19

19. UNDERTAKER Mrs. Roberta Ellis-Haud

(Address) 1129 Eastern Ave

20. FILED 19 Registrar.

G 2-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1934 to 8/21 1935

I last saw her alive on 8/21 1935 Death is said to have occurred on the date stated above, at 1 05 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis c uremia | 10 ma 5 |
| Hypertension | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

15455

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Schroeder St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rena Colbert

If U. S. Veteran specify WAR

(a) Residence: No. 512 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Colbert

6. DATE OF BIRTH (month, day, year) Mch. 22, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis Thompson

14. BIRTHPLACE (city or town) (State or country) Easton Shore Md

MOTHER

15. MAIDEN NAME Martha Phillips

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elsie Bowley

(Address) 512 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Aug 26, 1935

19. UNDERTAKER Mr Ralph R. Williams

(Address) 322 N. Schroeder St.

20. FILED , 19 Registrar.

AUG 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to Aug. 23, 1935

I last saw her alive on Aug 21, 1935. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri 7/1/35 — Date of onset

Pleurisy

Other contributory causes of importance:

Chronic Disorder of Intestines 7/1/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Lee Ellis, M. D.

(Address) 924 Madison Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

15456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15456

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Miller

If U. S. Veteran specify WAR

(a) Residence: No. 101 W. 29th st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gibson

6. DATE OF BIRTH (month, day, year) March 25, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 4 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rehoboth Delaware

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Rehoboth Del.

MOTHER

15. MAIDEN NAME Emma?

16. BIRTHPLACE (city or town) (State or country) Rehoboth, Del.

17. INFORMANT Mrs Thomas J. Pyles

(Address) 101 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Aug 24, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935 to August 22, 1935

I last saw her alive on August 22, 1935 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Unknown |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur Karfgin, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

AUG 24 1935

M. D. F. 1203-9

F 15457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15457

## CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 W. University Pkwy St., 12 Ward)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth 72 yrs. 3 mos. 14 ds.

2. FULL NAME Alice Cox Focke

(a) Residence: No. 106 W. University Pky St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry S. Focke

6. DATE OF BIRTH (month, day, year): May-9-1863

7. AGE: Years 72 | Months 3 | Days 14 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James Lloyd Cox

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary R. Shields

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Arthur C. Focke (son)

(Address) 3213 Carlisle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 25 1935

19. UNDERTAKER: Stewart & Morin Co.

(Address) 108 W. North Ave.

20. FILED: AUG 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934 to Aug. 23, 1935

I last saw her alive on Aug. 23, 1935. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Breast, (right) | Mar. 33 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James C. Clarke, M. D.

(Address) Med. Arts. Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 15458 F 15458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 51-B

1. PLACE OF DEATH Church Home & Infirmary 6

CITY OF BALTIMORE: (No. Baltimore, Md. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Schneider

(a) Residence: No. New Windsor, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Ella Schneider.

6. DATE OF BIRTH (month, day, year) May 12 1865.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 70 | 3 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. (Ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming.

10. Date deceased last worked at this occupation (month and year) August 1935.

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Leopold Schneider.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Rosina Lang.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Ella Snyder
(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union Bridge Cem Date Aug 27 1935

19. UNDERTAKER D. Routzahn
(Address) New Windsor Md.

20. FILED ..... 19 ..... Registrar.

AUG 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935. to August 24, 1935.
I last saw him alive on August 22, 1935. Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia, Anuria. | 8/20/35 |
| Carcinoma of Bladder | ? |
| Pulmonary Tuberculosis | ? |
| | unk |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Inf

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1265-9

F15459

# F15459 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. West St. St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ---yrs. ---mos. 21 da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Sister Agatha. (Justin)

(a) Residence: No. 110 E. West St. St., ..... Ward. Pottsville Pa.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| ✓ | 41 | ------ | ----- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Christian Charity.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Sister Willibrorda.

(Address) 110 E. West St.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross a a Co Date 8/26 1935

19. UNDERTAKER Bernard C Harker

(Address) 121 E West St

20. FILED AUG 26 1935 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 23, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism. | |
| Fracture of left ankle. | |
| Occidengal fall to floor | 8/13/35 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/13/35 19...

Where did injury occur? Holy Cross Church. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Church.

Manner of injury Ball to floor.

Nature of injury Fracture of left ankle.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Heinlein M. D.

Coroner

8/24/35 (Address) 1017 S. Charles St.

Use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126-4 F 15460 F 15460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St.. 12 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth 76 yrs. 10 mos. 26 ds.

2. FULL NAME Charles A. Locher (CHARLES A. LOCHER)

(a) Residence: No. 3134 Abell Ave St.. Ward. Portsmouth Ohio.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (WIFE of) Mary Edena Blomeyer

6. DATE OF BIRTH (month, day, year) Sept. 29 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| ✓ | 76 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Retired

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Portsmouth Ohio

FATHER

13. NAME Locher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Uhrhurst

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. Roy W. Locher (Son)
(Address) 31 East South Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Ohio - Aug 24 19 35

19. UNDERTAKER Stewart Mortuary Co.
(Address) Portsmouth Ohio

20. FILED ..... 19.. ..... Registrar.

AUG 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20 1935 to August 24 1935

I last saw him alive on August 23 1935. Death is said to have occurred on the date stated above, at 6.50 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Hypertension | |
| 3. Chronic myocarditis | |
| Other contributory causes of importance: | |
| 1. Apoplexy | |

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. W. Waggoner M. D.

(Address) St Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15461

F 15461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1809 N. Bentalou St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Glaser

If U. S. Veteran specify WAR

(a) Residence: No. 1809 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Glaser

6. DATE OF BIRTH (month, day, year) Feby. 12, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 56 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Samuel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Greenwald

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Nathan Glaser

(Address) 1809 N. Bentalou St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Heb. Friendship Cem. Aug. 25 19 35

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED AUG 26 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1934 to Aug. 23, 1935

I last saw her alive on Aug. 23, 1935. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Agitans | Aug 1, 1934 |
| (Parkinson's Palsy) | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Pessagno, M. D.

(Address) 2314 E. Balto. St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15462 F 15462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 E. Balto St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Haskel

If U. S. Veteran specify WAR

(a) Residence: No. 2126 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. H. Flinder

(Address) 2126 E. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL

Helen Washington Date 8/25/35 19

19. UNDERTAKER Jos. Lewis Sons

(Address) 1437 E. Balto St.

20. FILED AUG 25 1935 10 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to Aug 23d, 1935

I last saw her alive on Aug 23, 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchopneumonia | Aug 13 1935 |
| | |
| | |

Other contributory causes of importance:

Cardiac asthenia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harris Flinder M. D.

(Address) 2128 E. Baltimore St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

F 15463

F 15463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ 82-a

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. 34th. Street ST., 9th WARD)

2-FULL NAME Robert Asbury Regester

(a) RESIDENCE NO. 613 E. 34th. Street ST., 9th. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of
(or) WIFE of Virginia Carter Regester

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1851

7 AGE

| Years | Months | Days | If LESS than 1 day, 9 hrs. or 10 min. |
|---|---|---|---|
| 84 | 7 | 7 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Bell Foundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Joshua Regester

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Hester Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wales

14 Informant Mrs. Virginia C. Regester
(Address) 613-E 34th St.

15 Filed AUG 25 1935, 19.... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1935.

17 I HEREBY CERTIFY, That I attended deceased from August 16, 1935 to August 23, 1935, that I last saw him alive on August 23, 1935, and that death occurred, on the date stated above, at 3 10 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Cole, M. D.

8-23, 1935 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Aug 26 1935

20 UNDERTAKER: Henry W. Mearsdon — ADDRESS: 805 N. Calvert

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 15464

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15464

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U. S. Marine Hospital, Baltimore, Maryland. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Willian H. Saunders

(a) Residence: No. 128 North Calhaun St., Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 11, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 65 | 10 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 8-15-35
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John J. Saunders
14. BIRTHPLACE (city or town) (State or country) Cambridge, Maryland

MOTHER

15. MAIDEN NAME Sarah Vaughan
16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT (Address) U.S. Marine Hospital Records, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 26 19 35

19. UNDERTAKER (Address) Wm Proctor Sons Nadal & Hayes.

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1935 to August 22, 1935

I last saw him alive on August 22, 1935. Death is said to have occurred on the date stated above, at 10:35 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pachymeningitis, cerebral, hemorrhagic type | 8-10-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Ceder, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

T. M. N. Adelmen

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1268

F 15465

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15465

## CERTIFICATE OF DEATH

XV 104-B

Registered No. .....

1. PLACE OF DEATH Union Hospital. Balto, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Green & Redwood St., 4th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Davis

(a) Residence: No. Sykesville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 17 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton Virginia

FATHER

13. NAME Wm. Davis

14. BIRTHPLACE (city or town) (State or country) ~~Balto Md.~~ Virginia

MOTHER

15. MAIDEN NAME Rosalie Gaston

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beatrice Davis

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Plains, Va. Date Aug 26, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935 to Aug 23, 1935

I last saw him alive on Aug 3, 1935 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | Aug 17, 35 |
| Pan-Sinusitis | Aug 10, 35 |
| Orbital abscess | Aug 8, 35 |

Other contributory causes of importance:

Name of operation Sinus drainage Date of Aug 23/35

What test confirmed diagnosis? Spinal puncture Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John H. C. Walker M. D.

(Address) Union Hospital

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

M. D. D. 1268-3

F 15466

F 15466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5607 Woodcrest Ave. St., 27 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George R. Hutchinson

(a) Residence: No. 5607 Woodcrest Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. (nee Doing)

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 34 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME O. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Christian

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. George R. Hutchinson
(Address) 5607 Woodcrest Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug. 26, 19 35

19. UNDERTAKER Harry A. Britt
(Address) 4101 Edmondson Ave.

20. FILED ..... 19..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Aug 24, 1935.

I last saw him alive on Aug 15, 1935. Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset. |
|---|---|
| Pulmonary tuberculosis | ? |
| Other contributory causes of importance: | |
| Pulmonary Hemorrhage | Aug 24, 35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. Williams Ray M. D.

(Address) 1728 Penna Ave.

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

F 15467

F 15467

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. ch. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William T. Bowers

(a) Residence: No. 310 S. Gilmore St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Divorced. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 52 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Adam S. Bowers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Thompson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. Bowers

(Address) 310 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 8/26 19 35

19. UNDERTAKER Harry H. Nitzke

(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to Aug. 24, 1935

I last saw h.. alive on Aug. 24, 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Oesophagus | |
| Chronic pulmonary tuberculosis | |
| Lobular Bronchial pneumonia. | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Gastrostomy Date of unknown

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15468

# F 15468 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

183

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. found in harbor at foot of Montford Ave St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Conway

(a) Residence: No. 208 S. Park. St., Ward. Vet. World War
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) July 1 / 86

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none recently

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Richard Conway

14. BIRTHPLACE (city or town) Urbain
(State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Bryant

16. BIRTHPLACE (city or town) Urbain
(State or country) Ireland

17. INFORMANT Mrs. Clara Kilbaze
(Address) 931 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date Aug 26 1935

19. UNDERTAKER Stephen J. Fratkowski
(Address) 1002 S. Kenwood Ave

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 , to ....., 19 .....

I last saw h..... alive on ....., 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| drowning | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Probably Accident Date of injury Aug 22 1935
Where did injury occur? found - harbor foot of Montford Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place found - foot of Montford Ave.
Manner of injury Fell overboard
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Wright Coroner, M. D.
(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. 12

F 15469

F 15469

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. Ward) Liba

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bruder

(a) Residence: No. 1827 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) April 23 - 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 19 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Bruder

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Barbara Grossman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Michael Bruder Father

(Address) 1827 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 26 1935

19. UNDERTAKER Lutge Zeller & Son

(Address) 205 S. Gay St

20. FILED AUG 25 1935 By E. F. Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1935 to August 22 1935

I last saw him alive on August 22 1935. Death is said to have occurred on the date stated above, at 3-40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Meningitis - (meningococcus) | |
| 2. Intra cranial adherions. | |
| 3. Cystitis | |

Other contributory causes of importance:

Name of operation Craniotomy Date of 8-10-35

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. M. Wiguenella, M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1368-9

F 15470 F 15470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Brown

(a) Residence: No. 1628 McCulloh St. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown.

6. DATE OF BIRTH (month, day, year) Aug 24, 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 23 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norristown, Pa.

FATHER

13. NAME Benjamin Brown

14. BIRTHPLACE (city or town) (State or country) Toronto, Canada

MOTHER

15. MAIDEN NAME Amanda Parham

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Wife (Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 26, 1935

19. UNDERTAKER L. P. Davenport (Address) 1006 Pa. Ave.

20. FILED Aug 25 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Aug 23, 1935

I last saw him alive on Aug 23, 1935 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | 8-13-35 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frances L. Schwaecker, M. D.

(Address) Lyndenhurst Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 25 1935

F 16471 Pierce F 1671

302710 HEALTH DEPARTMENT—CITY OF BALTIMORE

Surg X 53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Pierce

(a) Residence: No. 1040 N. Stricker St Ward. Phoenix Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): -1866

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Amanda ?

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hampton Va Date Aug 26 1935

19. UNDERTAKER Thomas E. Kelson & Son

(Address) 126 Light Street Huntington Williams

Registrar.

AUG 26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1935 to Aug 22 1935

I last saw h alive on Aug 22, 1935 Death is said to have occurred on the date stated above, at 4:5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| St. End of Fallopian tumor in pain of abdomen season left wrist. This was removed at operation. Chronic Dead heart disease, probably arteriosclerotic | |
| Other contributory causes of importance: Pelvic probably malignant tumor stated age 69 | |

Name of operation Excision of pelvic tumor Date of 8-12-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl V. Schleicher M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15472

## CERTIFICATE OF DEATH.

✓ 131

F 15472

REGISTERED NO. 12640

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1021½ Lamvale St., 16 Ward)

2-FULL NAME Mary Lee

(a) RESIDENCE NO. 1021½ W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Lee

6 DATE OF BIRTH (month, day, and year): 1869

| 7 AGE Years | Months | Days | IF LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| 66 yrs | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0670

(c) Name of employer

9 BIRTHPLACE (city or town): Howard County

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Gus Keene

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Mary Lee

(Address) 819 N. Fremont Ave. Huntington Palisades, N.J.

15 Filed ..... 19 .....

Registrar

G 26 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22 1935

17

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935, to Aug 22, 1935, that I last saw h[illegible] alive on Aug 22 1935 and that death occurred, on the date stated above, at 9-20 P. m.

The CAUSE OF DEATH was as follows:

Myocarditis, Mitral

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) Wm. H. Welch, M. D.

Aug 24, 1935 (Address) 515 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery Date of Burial Aug 26, 1935

20 UNDERTAKER: Bernard Moseley Lloyd Steele ADDRESS 818

Do not write above this line

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15473

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E Lafayette St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth yrs. mos. ds.

74 2 19

2. FULL NAME Ida Verina Hill

NO WAR SERVICE

(a) Residence: No. 1815 E Lafayette St., Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles A Hill

6. DATE OF BIRTH (month, day, year): June 6 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 2 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Benj F. Capp

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary A Lilsinger

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs H Geo Schmidt (Daughter)

(Address) 1815 E Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Aug-28 1935

19. UNDERTAKER: Stewart & Mowatt Co

(Address) 108 W Lanvale

20. FILED: AUG 26 1935, 19 Huntington Mowatt, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935 to Aug 25, 1935

I last saw her alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 8-15 A m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coronary artery | Aug 20-35 |
| Other contributory causes of importance: Edema of Lungs | Aug 23-35 |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15474

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15474

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Chappell

If U. S. Veteran specify WAR

(a) Residence: No. 1803 Mc Cullon St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Negro | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-12-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | | | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Chappell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Myers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Father

(Address) 1803 Mc. Cullon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 26th, 1935

19. UNDERTAKER Archibald A. Geddes

(Address) 2201 E. Eutaw St

AUG 26 1935

(Signed) Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1935 to 8-24, 1935

I last saw h.r alive on 8-24, 1935 Death is said to have occurred on the date stated above, at 2 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 8-12-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Bronchopneumonia | 8-24-35 |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R B Josey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15475

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15475

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals (Zo Div) 23 Registered No.

CITY OF BALTIMORE: (No. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Leonard Green If U. S. Veteran specify WAR

(a) Residence: No. 604 N. Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 5, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 23 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospitals

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Leonard Green

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Nannie Long

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Aug 26th 1935

19. UNDERTAKER Archibald R. Geddis

(Address) 2101 McCulloh St.

AUG 26 1935

19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to August 25 1935

I last saw him alive on Aug. 25, 1935. Death is said to have occurred on the date stated above, at 8 50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15478

## CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Carr

If U. S. Veteran specify WAR ...

(a) Residence: No. 401 S Conkling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | S |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clifford Carr

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Diane Kelly

16. BIRTHPLACE (city or town) (State or country) Atlanta New York

17. INFORMANT Mother

(Address) 401 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date Aug 26, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

AUG 26 1935

1097

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19 ...

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935 to Aug 23, 1935

I last saw him alive on Aug 23, 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature ? | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15477

## CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Harden

If U. S. Veteran specify WAR

(a) Residence: No. Pimlico Race Track Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Separated. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie

6. DATE OF BIRTH (month, day, year) 4/1/1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky.

FATHER

13. NAME Wallace

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Celia Boyd.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Records Bur.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Aug 26, 1935

19. UNDERTAKER
(Address)

20. FILED ..., 19... Registrar.

AUG 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1934 to 8/20, 1935

I last saw him alive on 8/20, 1935 Death is said to have occurred on the date stated above, at 3 05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Lymphocytic Leukaemia | 3 yrs. |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15478

# F 15478 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy M. Dorba

If U. S. Veteran specify WAR .....

(a) Residence: No. 1263 Sargeant st. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Baby. |

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) May 2. 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| / | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward T. Dorba

14. BIRTHPLACE (city or town) (State or country) Scranton Pa

MOTHER

15. MAIDEN NAME Emma Dasch

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Edward T. Dorba

(Address) 1263 Sargeant st

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Aug 27. 1935

19. UNDERTAKER Jno. Wm. J. Teufel & Son

(Address) 801 W. Fayette st

20. FILED ..... 19 ..... Registrar

Huntington Finnegan

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro Intestinal | |
| Inflammation | |
| | |
| | |
| | |

Other contributory causes of importance —

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy & Hospital. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.

Coroner

(Address) 1929 Edmondson Ave

AUG 26 1935

V S 6

M. D. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15479

## CERTIFICATE OF DEATH

x 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Chase St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma M Lantz

If U. S. Veteran specify WAR .....

(a) Residence: No. Pasadena Md Anne Arundel Co St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ✓ | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co

FATHER

13. NAME Andrew L Lantz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret A Snader

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Andrew L Lantz

(Address) 1626 E. Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Date Aug 27, 1935

19. UNDERTAKER J. Howard Evans

(Address) 1400-02 Eutaw St.

20. FILED AUG 28 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 25, 1935

I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1935 to aug 25, 1935

I last saw her alive on aug 25 1935 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas | 8/11/35 |
| Other contributory causes of importance: exhaustion | 8/24/35 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

5/26/35 (Signed) R. L. Campbell M. D.

(Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1668-2

F 15480

F 15480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Bonjonia

(a) Residence: No. 419 So. Lehigh St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | W | Widowed |

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Late Jos. Bonjonia.

6. DATE OF BIRTH (month, day, year) Dec. 16-1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Charles Funk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Elsesser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT. Pauline Bonjonia

(Address) 719 So. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date 8/28/35 19

19. UNDERTAKER Lilly & Zuiel Inc

(Address) 1935 W. Pratt St.

20. FILED AUG 28 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to aug. 26, 1935

I last saw her alive on Aug. 26, 1935. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Amyotrophic Lateral Melancholia Arteriosclerosis general | 9 yrs. |
| | |
| | |
| | |
| Other contributory causes of importance: Left Mastoiditis Lobar Pneumonia | 10 days |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel P. Abeyta M. D.

(Address) 336 Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15481

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 N. Montford Ave St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Kantor

If U. S. Veteran specify WAR .....

(a) Residence: No. 845 N. Montford Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Josephine Kantor

6. DATE OF BIRTH (month, day, year) Aug. 12-1858

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 77Yrs. | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stoerkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0445

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Wm. Kirchner
(Address) 2425 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL Aug. 29-1935
Place Holy Redeemer Cemetery, 19

19. UNDERTAKER Henry Hook & Louis Luc
(Address) 1301 E. Eager St

20. FILED ..... 19 ..... Registrar.

AUG 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25-1935 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Aug 25 35

I last saw h[illegible] alive on Aug 25 1935 Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | Aug 15 35 |
| due to neoplasm | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Ryan M. D.

(Address) 801 N Kenwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15482

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Schoenewolf

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 - Valley St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schoenewolf.

6. DATE OF BIRTH (month, day, year) 23 March, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 5 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Dougherty

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Bowes

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Aug 27 1935

19. UNDERTAKER John Leeds

(Address) 2008 Allegheny Ave

20. FILED G 25 1935 Huntington Williams N.E. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 24 August, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to Aug 24, 1935

I last saw her alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebro Sclerosis | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. M. C. Parker, M. D.

(Address) 1114 Hartford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15483

93-C

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Banks St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Daniel D. Hurlock

If U. S. Veteran, specify WAR World War

(a) Residence: No. 1103 N. Kenwood Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Hurlock

6. DATE OF BIRTH (month, day, year) Oct 18 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pent. R.R. [illegible]

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME Benjamin Hurlock

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dallas M. Bradley Informant
(Address) 1103 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood. Date Aug 28 1935

19. UNDERTAKER John A. Harman
(Address) 3000 E. Balto. St.

20. FILED ..... 19..... Registrar.

AUG 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15484

15484 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals "E Div" 23 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Harrison

If U. S. Veteran specify WAR .....

(a) Residence: No. 236 E. Cross St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Harrison

6. DATE OF BIRTH (month, day, year) Dec. 23, 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME William Todd

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Hattie Stubbs

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Aug 27, 1935

19. UNDERTAKER John J. Henney

(Address) 715 Light St.

20. FILED AUG 28 1935 By Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1935 to August 24, 1935

I last saw her alive on Aug. 24, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Aug. 1933 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karfgin, M. D.

(Address) Baltimore City Hosps

Fill in all blanks with ink or typewriter. If any part is illegible or incorrectly supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 15485

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15485

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4321 S. 6st St., Brooklyn 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Reaves

(a) Residence: No. 4321 S. 6st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Charles D Reaves

6. DATE OF BIRTH (month, day, year) May 26 1845

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 90 | 2 | 29 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Riddle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles D Reaves
(Address) 4321 S. 6st St (Brooklyn Md)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 27 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ... 19... 15... Registrar

AUG 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1935

22. I HEREBY CERTIFY, That I attended deceased from March-1 1935 to Aug 24 1935
I last saw her alive on Aug. 23. 35. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism. | Aug. 24 35 |
| | |
| Other contributory causes of importance: | |
| Acute Respiratory Infection | 1935 |

Name of operation ... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify —

(Signed) W. H. Collins M. D.
(Address) 4815 Pennington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

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F 15486

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Calhoun & Saratoga St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR ...

2. FULL NAME William F Fauble
(a) Residence: No. Woodbine Md St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Annie Fauble

6. DATE OF BIRTH (month, day, year) Nov 14 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 80 | 9 | 12 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME John W. Fauble
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Elizabeth Bush
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ernest E. Fauble
(Address) Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Taneytown Cemty Date Aug. 29th 1935

19. UNDERTAKER C. M. Walter
(Address) Mt. Airy, Md.

20. FILED AUG 26 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1935 to Aug 26 1935
I last saw h. alive on Aug. 26 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign Hypertrophy of Prostate | |
| Other contributory causes of importance: | |
| Uremia | |
| Secondary Hemorrhage | |

Was an operation performed? Yes Date of Aug. 21 1935
For what disease or injury? Bladder Hemorrhage
Name of operation Suprapubic Cystotomy Aug 21
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. H. Garber, M. D.
(Address) Mercy Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 15487

F 15487

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME JOHN. HARDING. OR JOHN LAMAR HARDING. U. S. Veteran Yes

(a) Residence: No. 5213 Linden Heights Ave Ward. Specify War World

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~) Margaret M. Harding

6. DATE OF BIRTH (month, day, year) Feb 18th 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 45 | 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ice Puller 30 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Arlington Ice Co

10. Date deceased last worked at this occupation (month and year) Aug 1935 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Rochester Mich.

FATHER

13. NAME John Harding

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME McKeown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret Harding

(Address) 5213 Linden Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

AUG 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-22 1935 to 8-25-35 1935

I last saw him alive on 8-25 1935 Death is said to have occurred on the date stated above, at 3 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| LOBAR PNEUMONIA. (BILATERAL) | 8-18 |

Other contributory causes of importance:

Name of operation None Clinical & X Ray. Date of —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry M. Rotheram Jr. M. D.

(Address) University Hospital

Form 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15488 F 15488

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 45-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1965 N. Patterson Park Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George McClella Bishop If U. S. Veteran specify WAR Navy

(a) Residence: No. 1965 N. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE~~ Media Hickson Bishop

6. DATE OF BIRTH (month, day, year) Mar 2 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. 213

10. Date deceased last worked at this occupation (month and year) 1920 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Connellsville Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Connellsville Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Connellsville Pa

17. INFORMANT Lavinia Bishop
(Address) 1965 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Connellsville Pa Date Aug 28th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St

20. FILED Huntington Tennessee

AUG 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Aug 25, 1935

I last saw h.im alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Tongue | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carol Feaks, M. D.

(Address) 1823 N. Mast St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1249

F 15489

302073

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15489

23

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Young

(a) Residence: No. 38 N. Caroline St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-13-04

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8/23

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leach Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Pack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/27/35

19. UNDERTAKER Wm A. Jackson (Address) 916 Pennsylvania ave

20. FILED AUG 27 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1935 to Aug 23, 1935

I last saw him alive on Aug 23, 1935 Death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous meningitis | June |
| Miliary tuberculosis | 20, 1935 |

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Henry D. Stubbins M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1249. WHITE LEDGER, WITH CARBONS INA—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15490

F 15490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip George Priester

If U. S. Veteran specify WAR None

(a) Residence: No. 113 Forest Drive St., Catonsville Ward, Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widowed - divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Priester

6. DATE OF BIRTH (month, day, year) May 28, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire (chief Eng)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Co. F. Dept

10. Date deceased last worked at this occupation (month and year) to present time

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME Valentine Priester

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Philip C. Priester

(Address) 6623 Burley St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 29. 1935

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Martin & Pennington Sts. Balto. Md.

20. FILED AUG 27 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935, to Aug 25, 1935

I last saw him alive on Aug 25, 1935. Death is said to have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess in region of Left Quadrant of abdomen, followed by abscess subdiaphragmatic and empyema Rt side | 8-22-35 |
| Other contributory causes of importance: | 8-20-35 |

Was an operation performed? yes Date of 8-21-35

For what disease or injury? empyema Right Thorax

Name of operation Thoracentesis Date of 8-21-35

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Sives M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 15491

F 15491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woman's Hospital St., 14th Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Lillian Ford

(a) Residence: No. 1435 Bolton St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifford A. Ford

6. DATE OF BIRTH (month, day, year) Dec. 9th 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn. N. Y

FATHER

13. NAME Emile LaValle

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Clifford W. Ford

(Address) 877 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 27, 1935

19. UNDERTAKER Wm J Tuchow & Son

(Address) Nch

20. FILED ..... 19 ..... Registrar.

AUG 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1935, to Aug. 25th, 1935

I last saw her alive on Aug. 25th, 1935. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 8-23 |

Other contributory causes of importance:

Intestinal obstruction

Perforation of Bowel

Name of operation: Release of Obstruction Resection of Sigmoid Elevation of Bowel Date of Aug 24th

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) C. W. Overstreet, M. D.

(Address) Women's Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

15492 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15492

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 Bristol ~~St.~~ Ave St., Brookby 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis G. Westinghouse Jr.

(a) Residence: No. 16 Bristol ~~St.~~ Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 30, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis G. Westinghouse Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Hettie Trott.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hettie Westinghouse. (mother)
(Address) 16 Bristol ~~St.~~ Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Co Date Aug 27, 35

19. UNDERTAKER Wm. J. Tuckner & Son
(Address) Mount Street

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cedema of the lungs. | |
| Mitral Insufficiency. | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Steinhardt M. D.
Coroner

8/26/35 Address 1017 E. Charles St.

AUG 27 1935

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. F. 15493

F 15493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rapsetta McGovens

(a) Residence: No. 1719 Baker [illegible] St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | Col | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 2 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Raymond McGovens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louise White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Bonnibel McGovens (Mother)

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 30, 19

19. UNDERTAKER Thomas E. Kelly

(Address) 1302 Pennsylvania Ave.

20. FILED AUG 27 1935 Huntington & Williams, Inc.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935, to Aug 25, 1935

I last saw her alive on Aug 25, 1935. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Broncho-Pneumonia | Aug 21-35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (w) If so, specify ...

(Signed) Calvin B. McCompsta, M. D.

(Address) Provident Hosp.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15494 Gunnick F 15494

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Gunnick

If U. S. Veteran specify WAR

(a) Residence: No. 1708 N. Register St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Gunnick

6. DATE OF BIRTH (month, day, year) May 2nd 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer for the Roofing Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing Co

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Phillip Gunnick

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Welsh

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT George Gunnick
(Address) 1708 Register St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Aug 29 1935

19. UNDERTAKER Robt C & B M Walters
(Address) N.E. cor Pratt & Stricker Sts

20. FILED Huntington Williams Reg.

AUG 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th, 1935 to Aug 25th, 1935
I last saw him alive on Aug 25th, 1935. Death is said to have occurred on the date stated above, at 1.25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured gastric ulcer. | |
| Peritonitis | |
| Other contributory causes of importance: | |
| Lobular pneumonia. | |

Was an operation performed? Yes Date of Aug 20th

For what disease or injury? Ruptured gastric ulcer

Name of operation Laparotomy Date of Aug 20th

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harry H. Kane, M. D.

(Address) Mercy Hosp

vs 3

NOTE—PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Sec City Hospital (Ward) 15-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Patten

(a) Residence: No. 1434 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carol Patten

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 27 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Patten

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Josephine Harris

(Address) 1711 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Aug 27 1935

19. UNDERTAKER Edw. Bryan

(Address) 1631 Mad. St.

20. FILED Aug 23 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wright Coroner, M. D.

(Address) 1605 E. Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG

M. D. B 1268-9

F 15496

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15496

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 777 w mulberry St., 12 Ward)

Length of residence in city or town where death occ Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Norris Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 777 w mulberry St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Austin Davis

6. DATE OF BIRTH (month, day, year) April 16-1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lucien Holden

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Pauline Jenkins

(Address) 756 w Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 28, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 323 S. Schroeder St. Huntington Williams Reg

20. FILED AUG 27 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | Aug 24 1935 |
| Other contributory causes of importance: Diabetes Mellitus | June 1 1935 |

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen, M. D.

Coroner

(Address) 507 Eutaw St

THIS CERTIFICATE, WITH USE OF INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. B. 1268-9

F 15497

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15497

131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1112 Mosher St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Smith

(a) Residence: No. 1112 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Smith

6. DATE OF BIRTH (month, day, year) Feb 2 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bradshaw Md

FATHER

13. NAME Charles Parsey

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Bertha Mills

(Address) 1112 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Aug 28, 1935

19. UNDERTAKER Mrs Kate R. Williams

(Address) 327 E Lafayette Ave Huntington Williams

20. FILED AUG 27 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21st, 1935 to Aug 24, 1935

I last saw h.. alive on Aug 24 1935 Death is said to have occurred on the date stated above, at 7p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | Aug 1 |
| Chronic Bronchitis | 1935 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. C. Allen, M. D.

(Address) 507 Arsenal Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 168-9 F 15498

F 15498

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 56

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin John Schenfele

(a) Residence: No. Stafford Drive, Catonsville. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 5 | 10 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard Schenfele

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Virginia Weyhoff

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT Bernard Schenfele

(Address) Stafford Drive

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 8/29 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Pulton

20. FILED AUG 27 1935 (Date) (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to August 26, 1935

I last saw him alive on August 26, 1935. Death is said to have occurred on the date stated above, at 3:55 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Pancarditis. | |
| Bronchial Pneumonia. | |

Other contributory causes of importance:

Sydenham's Chorea
Cachexia.
Anemia

Name of operation Date of

What test confirmed diagnosis? Clinical & Postmortem Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. G. Llewelyn M. D.

(Address) Saint Agnes Hospital

C. S. 3

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15499

F 15499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME M. Willie Mitchell

(a) Residence: No. 225 Pine St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of GEORGIANA MITCHELL

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 42 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) TENN.

FATHER

13. NAME MATTHEW MITCHELL

14. BIRTHPLACE (city or town) (State or country) TENN.

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT GEORGIANA MITCHELL

(Address) 622 N^th FAIRMOUNT AVE

18. BURIAL, CREMATION, OR REMOVAL

Place MT. CALVARY Date 8/28, 19 35

19. UNDERTAKER Wm. A. Jackson

(Address) 916 Penna ave

20. FILED 8-27-1935 Hunter for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-5, 1935 to 8-24, 1935

I last saw him alive on 8-24, 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatic Hypertrophy Benign | Apr. 1934 |
| Hydroureter | Aug. 1, 1935 |
| Pyelitis and Pyelonephritis | Aug. 1, 1935 |
| Uremia | Aug. 16, 1935 |

Other contributory causes of Importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. K. Woodward Jr. M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. 12-35 F 15500

F 15500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 46-B

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Turner

(a) Residence: No. Lower Marlboro, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed ? |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 Yr. | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Maryland

FATHER

13. NAME Edward Wartzman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME S. E. Welch

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Vacant Heart Date 8/27 1935

19. UNDERTAKER J. J. Feahey & Son

(Address) 518 Light St

FILED AUG 27 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1935 to August 27, th 1935

I last saw her alive on August 26, 1935. Death is said to have occurred on the date stated above, at 12.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 1930 ? |
| Metastasis en of spine (1930) | |
| Malnutrition (1935) | |

Other contributory causes of importance:

| | |
|---|---|
| Edema & ascites | 1930 ? |
| Anemia | 1930 ? |
| Cachexia | 1935 |

Name of operation ... Date of ...

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lewis B. Whitney M. D.

(Address) St Agnes Hospital

M. D. F. 1268-9

E 15501

15501

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Bull

(a) Residence: No. 421 E. Chase St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

no war

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Bull

6. DATE OF BIRTH (month, day, year) Nov. 8, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 55 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Hopkins Hosp

10. Date deceased last worked at this occupation (month and year) 4/1935

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel J. Bull

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Catherine A. Bull

(Address) 421 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Aug 29th, 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 424 E. Eager St. Huntington Williams, W. Va

20. FILED AUG 27 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8 - 26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1935 to August 26, 1935

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CARCINOMA - GLANDS OF NECK - RT. WITH ULCERATION & ABSCESS FORMATION | JAN. 1934 JULY 1935 |
| Other contributory causes of importance: ARTERIOSCLEROTIC HEART DISEASE WITH PERIPHERAL CIRCULATORY FAILURE | ? AUG 20-35 |

Name of operation REMOVAL OF ULCERATED GLAND Date of 8-13-35

What test confirmed diagnosis? BIOPSY Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert F. Healy M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 15502

15502

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Wentworth St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Rox

NO WAR SERVICE

(a) Residence: No. 3321 Wentworth St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda E. Hooper

6. DATE OF BIRTH (month, day, year) May 16 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 89 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. 015

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 53 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Thomas Rox

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Martha Williamson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs Mary Brown

(Address) 3321 Wentworth St.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Aug 28 1935

19. UNDERTAKER Edwin A. Blank

(Address) 722 W. Fayette St.

20. FILED AUG 27 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to Aug. 26, 1935

I last saw him alive on Aug 26, 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-thrombosis Hemiplegia | |
| with | |
| Pneumonia of Left Foot | 1 mo. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Prost. Incision & old age. | 2 yrs. |

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Jones M. D.

(Address) 1605 N. Monroe Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 15503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15503

## CERTIFICATE OF DEATH

100

1. PLACE OF DEATH Provident Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wadie Li Howard

If U. S. Veteran specify WAR .....

(a) Residence: No. 923 W. Franklin St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | Colored | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felix Howard

6. DATE OF BIRTH (month, day, year) June 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 2 | | |

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boarding

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

FATHER

13. NAME Evan Howard

14. BIRTHPLACE (city or town) (State or country) Independent Va

MOTHER

15. MAIDEN NAME Amanda Taylor

16. BIRTHPLACE (city or town) (State or country) Richmond City Va.

17. INFORMANT Hattie Brown

(Address) 518 Primrose Ave N. Balt, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date Aug 27 1935

19. UNDERTAKER Saml W. Lease & Son

(Address) 638 N. Gilmor

20. FILED AUG 27 1935 Registrar Huntington Williams, M.D.

RPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935, to Aug 26, 1935

I last saw him alive on Aug 26 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | Aug 24 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hemorrhoidectomy | 8/21/35 |

Was an operation performed? Yes Date of 8/21/35

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy Date of 8/21/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Bosh and Higgins M. D.

(Address) 2243 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 27 1935

M. D. B. (268-9) F 15504

F 15504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Banks Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 10 N. Carolina St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Johnson

6. DATE OF BIRTH (month, day, year) May 6, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

FATHER

13. NAME George Washington Barbar

14. BIRTHPLACE (city or town) New York City (State or country) New York

MOTHER

15. MAIDEN NAME Rose Handy

16. BIRTHPLACE (city or town) Crisfield (State or country) Md.

17. INFORMANT Henry Pack

(Address) 10 N. Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Aug 29 1935

19. UNDERTAKER Lottie Grace

(Address) 1508 Ashland ave

20. FILED ..... 19 ..... Registrar.

AUG 27 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Cervix Uteri | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: haemorrhage secondary Anemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood ave

M. D. P. 1268-5

F 15505

15505 3024 03

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Ped

## CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Audrey Parsons

(a) Residence: No. 1524 E. Monument St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Child |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 7-11-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ | 5 mths | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ped

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Parsons

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medical School Date Aug 27, 1935

19. UNDERTAKER (Address) Huntington Williams, N.Y.

20. FILED AUG 27 1935 Registrar.

1670

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935 to Aug 21, 1935.

I last saw deceased alive on Aug. 21, 1935. Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 8-1-35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Lewis Hopkins M. D.

(Address) John Hopkins Hospital

AdCo. 5-31 250B

# 15506 HEALTH DEPARTMENT—CITY OF BALTIMORE F. 15506

## CERTIFICATE OF DEATH

✓ 159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N Broadway St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Smith

(a) Residence: No. 210 N Broadway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-26-35

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co
(State or country) Md

FATHER

13. NAME Jesse Smith

14. BIRTHPLACE (city or town) Balto Co
(State or country) Md

MOTHER

15. MAIDEN NAME Mary Agnes Tutt

16. BIRTHPLACE (city or town) Jacksonville
(State or country) Fla

17. INFORMANT Mary A Smith
(Address) 210 N Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Mid Cem Date Aug 27, 1935

19. UNDERTAKER .....
(Address)

20. FILED AUG 27 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h dead alive on Aug 27 1935 death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| (about 7 mos. Gestation) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 1126 Druid Hill Ave

NOTE—WRITE PLAINLY, WITH PEN AND INK—information should be carefully supplied. Accurate information is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

E 15507

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15507

## CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 2-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Smith

If U. S. Veteran specify WAR Civil

(a) Residence: No. 400 W. Camden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/13/57.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Industry

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Julius Smith

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Ernestine Gundlach

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 28th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Aug 27 1935 Harrington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/13 1934 to 8/25 1935

I last saw h alive on 8/25 1935 Death is said to have occurred on the date stated above, at 7:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | May |
| Arteriosclerosis | 15 |
| Coronary occlusion (?) | 15 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 27 1935

F 15508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15508

## CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Lemmon St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman G Kruse

If U. S. Veteran specify WAR No

(a) Residence: No. 110 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia A. Kruse

6. DATE OF BIRTH (month, day, year): Aug 13. 1866

7. AGE: Years 69 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Com Iron Co
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Essen Germany

FATHER

13. NAME: George Kruse
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catharine Kruse
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank Kruse
(Address) 110 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/29. 1935

19. UNDERTAKER: J M Cook
(Address) 1210 E Baltimore St

20. FILED AUG 27 1935 Huntington Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Aug 26 1935

Last saw him alive on Aug 26 1935. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 8/26/35 |
| Aortic Regurgitation | 1934 |
| Other contributory causes of importance: Arterio Sclerosis | 1933 |

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W A O'Neill M. D.

(Address) 108 N Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15509

F 15509

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 47 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Toland

If U. S. Veteran specify WAR ..... 60

(a) Residence: No. 5802 Roland Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widowed |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary Toland

6. DATE OF BIRTH (month, day, year) June 12th 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. saw mill (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 77. $100

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Wm Toland

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Susie E. Leitch

(Address) 5802 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Aug 29th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED AUG 27 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935, to Aug 27. 1935

I last saw h[illegible] alive on Aug 27. 1935. Death is said to have occurred on the date stated above, at 4 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Squamous cell Carcinoma of Lung | 1 yr. |
| Other contributory causes of importance: Bronchopneumonia | 4 days |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. R. Lay M. D.

(Address) Mercy Hospital

M. D. B 1208-9

15510

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15510

## CERTIFICATE OF DEATH

117-a.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6205 Park Heights Ave. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Abt. 30 Yrs. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Bernard J. Burgunder

(a) Residence: No. 6205 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby. 26, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 38 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Sales-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. man

10. Date deceased last worked at this occupation (month and year) Aug. 21, 1935.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbus,
(State or country) Ohio.

FATHER

13. NAME Simon Burgunder

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Clara Goodman

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mr. H. Westheimer
(Address) Slade Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Aug. 29, 1935

19. UNDERTAKER David Sonneborn & Son
(Address) 1902 Eutaw Place

20. FILED AUG 27 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation and Pulmonary Thrombosis | Aug 24 1935 |

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Coroner, M. D.

(Address) 850 W. 36th. St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15511

# F 15511 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Barclay St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Price Mc Nicholas

(a) Residence: No. 1820 Barclay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: Wm H Mc Nicholas

6. DATE OF BIRTH (month, day, year): [illegible] 1863

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Texas

FATHER

13. NAME: Robert Price

14. BIRTHPLACE (city or town) (State or country): Texas

MOTHER

15. MAIDEN NAME: A. Parker

16. BIRTHPLACE (city or town) (State or country): Texas

17. INFORMANT: Mollie Mc Nicholas

(Address) 1820 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug 28 1935

19. UNDERTAKER: Wm M Mumford

(Address) 2012 22nd St

20. FILED: Washington Williams Registrar.

AUG 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 25 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1935 to Aug 25th 1935

I last saw her alive on Aug 25th 1935 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | 6/11/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | ? |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. W. Morgan M.D.

(Address) 401 E 25th St

M. D. B 1261-9

15512

F 15512

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Michael J. Ferenci.

(a) Residence: No. 1525 E. Clement St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 19, 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 19 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Will wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. helper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Falls Pa.

FATHER

13. NAME Michael Ferenci.

14. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio.

MOTHER

15. MAIDEN NAME Elizabeth Paloski.

16. BIRTHPLACE (city or town) (State or country) Hungary.

17. INFORMANT Elizabeth Koltay. (mother)

(Address) 1525 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date Aug 28 19 35

19. UNDERTAKER Chas L. [illegible]

(Address) 1401 E Fairmount

20. FILED AUG 27 1935 Huntington Williams Registrar. 8/27/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laceration of the brain due to pistol shot wound of the head. | |
| Accidental death | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy & inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 23, 1935

Where did injury occur? 1525 E. Clement St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of Injury Pistol shot wound.

Nature of Injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Reinhardt M. D.
Coroner

8/27/35 (Address) 1017 E. Charles St.

F 15513

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15513

## CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Pulaski St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Jones

(a) Residence: No. 600 Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| F | Col | Widowed |

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Charlie Jones

6. DATE OF BIRTH (month, day, year) — — 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice Tolson Sister

(Address) 600 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date aug 29 . 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED AUG 28 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 . 1935 to Aug 26 . 1935

I last saw h[illegible] alive on Aug 25 . 1935 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage from Stomach | Aug 16 |
| | |
| | |
| | |
| Other contributory causes of importance | |
| Arteriosclerosis | |
| Old age | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Stone M. D.

(Address) 600 Pulaski St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 93

UG 28 1935

M. D. P. 126-2 F 15514 F 15514

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4312 Ethland Avenue St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mon. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Agnes Wintz

(a) Residence: No. 4312 Ethland Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysius E. Wintz

6. DATE OF BIRTH (month, day, year) March 9, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Port Deposit Maryland

FATHER

13. NAME John Murray

14. BIRTHPLACE (city or town) (State or country) ---------- Ireland

MOTHER

15. MAIDEN NAME Bridget Bannon

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT John A. Wintz

(Address) 900 E. 41st Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 8/29 19 35

19. UNDERTAKER Kenny V. Myers & Son

(Address) 505 N. Calvert St.

AUG 28 1935 (No. Filed 19 ...) Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to aug 26 1935

I last saw her alive on aug 26 35 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis. | 7/25/34 |
| Endocarditis, Chronic with Valvular lesion of aortic + Mitral. | 7/25/34 |
| Pulmonary Embolism right and pulmonary artery | 8/22/35 |
| Other contributory causes of importance: | |
| Angina Pectoris with Stokes Adams Syndrome | 7/25/34 |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. P. Greenlaw M. D.

(Address) 10 E Biddle St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 15515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15515

## CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 E 23rd St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rice

(a) Residence: No. 442 East 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of ANNIE RICE

6. DATE OF BIRTH (month, day, year) May 20, 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 3 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor of Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1930

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Daniel Rice

14. BIRTHPLACE (city or town) (State or country) Unknown Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown Va.

17. INFORMANT R. H. Rice (Son)
(Address) 751 Dreyden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 8/28/ 1935

19. UNDERTAKER Frances A. Ridgely
(Address) 578 W. Biddle St.

20. FILED AUG 28 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19th 1935 to Aug 26 1935

I last saw him alive on Aug 26, 1935. Death is said to have occurred on the date stated above, at 10:35 Am.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Date of onset Aug 12, 1935) — Date of onset 8-12-35

Other contributory causes of importance:

Nephritis
Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Adams M. D.

(Address) 426 E 23rd St.

M. D. R. 1268-9

F 15516

F 15516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 Mc Phail St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Schafer

(a) Residence: No. 136 Mc Phail St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Schafer

6. DATE OF BIRTH (month, day, year) Aug 21-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | - | 4. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. West Balto. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Eisenbach

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Jacob F. Schafer.
(Address) 136 Mc Phail St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Aug. 28/35

19. UNDERTAKER O. B. Hepbert & Son
(Address) 1500 Eutaw Place
Huntington Williams

20. FILED ... 19... Registrar.

G/B 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25/35

22. I HEREBY CERTIFY, That I attended deceased from Aug - 26 . 1935 . to Aug. 25 . 1935.
I last saw her alive on Aug. 10 . 1935. Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac dilatation | 2 days. |
| Senility. | |
| Chronic myocarditis & hypotension - | |
| Gastric ulcer - | |

Other contributory causes of importance:

Name of operation ... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. N. Fulton, M. D.

(Address) 4 N. Fulton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15517

49-A

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Fraudelentown Rd. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Lady Stasik

(a) Residence: No. 2225 Fraudelentown Rd., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Stasik

6. DATE OF BIRTH (month, day, year) Oct 26 - 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 66 | 9 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otto Kerbst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs Kerbst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Lady Stasik

(Address) 2225 Fraudelentown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Aug 27 19 35

19. UNDERTAKER F. D. Hartsuff & Son

(Address) 1400 W. Baltimore St

20. FILED AUG 28 1935, 19..... Huntington Pittsburgh Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19 1935 to August 25 1935

I last saw her alive on August 24 1935. Death is said to have occurred on the date stated above, at 6:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adeno Carcinoma Rt Ovary Contrd General Carcinomatosis | April 1935 |

Other contributory causes of importance:

Name of operation Biopsy Rt. Supraclavicular Gland Date of 8/1/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Fraudelentown Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 15518

# F 15518 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. Linwood Ave. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia E. Seitz

(a) Residence: No. 801 N. Linwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lewis A. Seitz

6. DATE OF BIRTH (month, day, year) Feb. 17-1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 53 | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis S. Reynolds

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Cornelia E. Reynolds

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Lewis A. Seitz

(Address) 801 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug. 29 19 35

19. UNDERTAKER J. B. Siebert & Son

(Address) 20 E. Lanvale St. Huntington Mutuals

20. FILED ..... 19 ..... Registrar.

AUG 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30 1932 to August 26 1935

I last saw h[illegible] alive on Aug. 23 1935. Death is said to have occurred on the date stated above, at 3.45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left breast | May 1932 |
| Other contributory causes of importance: Metastases to bones & lungs | |

Name of operation Mastectomy Date of May 31/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hiram Spiegel M. D.

(Address) 316 Medical Arts Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—1-12-23—M&T—100 Bks.

F 15519

F 15519

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

+210-M

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital No ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lawrence Eugene Burgan

(a) RESIDENCE NO Fort Howard Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1915

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 3 | 24 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Soldier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S. Army
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woodbury Maryland

PARENTS

10 NAME OF FATHER Geo. Wm Burgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sharpsburg Md.

12 MAIDEN NAME OF MOTHER Hazel Beatrice Hockensmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sharpsburg Md

14 Informant Fort Howard Md.
(Address)

Filed AUG 28 1935, 192 Huntington Williams, N.Y. Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) , M. D.
(Coroner.)
, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Non-residents.)
In the State of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shepherds Town W. Va

20 UNDERTAKER Sol Wilson & Bro

DATE OF BURIAL Aug 28, 35

ADDRESS 1127 E Balto St

Parties stuck by falling tree

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Rks.

F 15520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15520

V 131

## CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2022 Ellwing (St.) 14 (Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah J. James

(a) RESIDENCE NO. 2022 Ellwing St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced, (Write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: William A. James

6 DATE OF BIRTH (month, day, and year): March 1861

7 AGE: Years 74 | Months 11 | Days | If LESS than 1 day, ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co. Md.

PARENTS

10 NAME OF FATHER: Thos. Brashears

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Mary's Co. Md.

12 MAIDEN NAME OF MOTHER: Ann Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Mary's

14 Informant: Mollie Richardson
(Address) 2022 Ellwing St.

15 Filed Aug 29, 1935 Huntington Williams, Reg'r
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 26 1935

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Aug 21, 1935

That I last saw h alive on Aug 24, 1935

and that death occurred, on the date stated above, at 9.30 A.M.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Yoder M. D.

, 19 (Address) 811 Hanlon St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Aug 29 1935

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1087 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. #48-9 15521

F 15521

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary V. Wanner

If U. S. Veteran specify WAR .....

(a) Residence: No. 835 N. Luzerne Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond C Wanner

6. DATE OF BIRTH (month, day, year) Sept 2 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 21 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Alley

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Rose Seiler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT R. C. Wanner

(Address) 835 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemy Date Aug. 30. 1935

19. UNDERTAKER Henry Koch Sons, Inc.

(Address) 1301 E Eager St

20. FILED ..... 19 ..... Registrar.

AUG 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wright M. D.

(Address) 1010 S. Ellwood Ave. Coroner

M. D. B. #48-9 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

F 15522

F 15522

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1201 W. Lombard St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fredricka H. Zwanzger

If U. S. Veteran specify WAR

(a) Residence: No. 1201 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Zwanzger

6. DATE OF BIRTH (month, day, year) Nov. 21, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Bruning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George A.L. Zwanzger

(Address) 102 S. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 8/29/35

19. UNDERTAKER Frederick A. Cole

(Address) 1205 W Lombard St

20. FILED 19 Registrar

AUG 26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 2, 1935 to Aug 26, 1935

last saw h[illegible] alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | Spoke |
| Aortic Regurgitation | 8/2/35 |
| Other contributory causes of importance: | |
| Arteria Sclerosis | 1933 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Friell M. D.

(Address) 108 N Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 15523

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. [illegible]

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Kaehler

(a) Residence: No. 617 Main St., ... St., ... Ward Mt Sherrystown Pa
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/18/34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 1 | 15 4 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Paul Kaehler

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Nellie Topper

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Sherrystown Pa Date Aug 28th 1935

19. UNDERTAKER A. F. Feeney
(Address) Mt Sherrystown Pa

20. Filed ... 19... Registrar.

AUG 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July-30 . 1935 to Aug-27 . 1935
I last saw him alive on August-27 . 1935 Death is said to have occurred on the date stated above, at 5 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus, congenital | June |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation 3rd Ventriculostomy Date of Aug 1

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John D. Wentworth M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 15524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15524

## CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Somerset Road, St. 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME A. Marion Ebute.

(a) Residence: No. 609 Somerset Road St. ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Dunbar A. Ebute

6. DATE OF BIRTH (month, day, year) March 7, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 41 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lexington Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dunbar A. Ebute
(Address) 609 Somerset Road.

18. BURIAL, CREMATION, OR REMOVAL
Mechanicsburg Pa Date Aug 30 1935

19. UNDERTAKER C. Lemuel Lee
(Address) 3415-17 Chestnut Ave

20. FILED AUG 28 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at about 6.15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia from | |
| illuminating Gas | Aug 27/35 |
| while mentally deranged | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Aug 27 1935
Where did injury occur? 609 Somerset Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Inhalation of Gas
Nature of injury Asphyxia

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. H. Dedenbach M. D.
Coroner
(Address) Lonaconing

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15525 F 15525

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 St Paul St., 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Catherine Retter

If U. S. Veteran specify WAR —

(a) Residence: No. 2027 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Retter

6. DATE OF BIRTH (month, day, year) Jan 29 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 6 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown Frederick Co Md

FATHER

13. NAME Ezra Minnick

14. BIRTHPLACE (city or town) (State or country) Middletown Valley Frederick Co Md

MOTHER

15. MAIDEN NAME Henrietta Gardner

16. BIRTHPLACE (city or town) (State or country) Middletown Valley Frederick Co Md

17. INFORMANT Rev William D. Minnick

(Address) 2027 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Lutheran cemetery

Middletown Md Date Aug 31, 1935

19. UNDERTAKER Chas. S. Black

(Address) 742 N. Fourth ave

20. FILED Aug 29 1935 Hagerstown Md. [illegible] Registrar.

RFR

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Aug 28, 1935

I last saw her alive on Aug 28th, 1935. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart disease | 1932 |
| | |
| | |

Other contributory causes of importance:

Arterio-Sclerosis over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Pearson, M. D.

(Address) 205 N. Church St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 2

G 29 1935

15526

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15526

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 26 Ward)

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Howard A. Patty (Fowler) A.

If U. S. Veteran specify WAR

(a) Residence: No. 5101 Belleville Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard A. Patty

6. DATE OF BIRTH (month, day, year) April 26, 1895.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frank G. Winter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary C. Arnold

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Howard A. Patty (Address) 5101 Belleville Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date 8/30/35, 19

19. UNDERTAKER Harry K. Fritz Lee (Address) 4101 Edmondson Ave.

20. FILED Aug 29 1935, 19 Huntington Fridinger, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1935 to Aug 27, 1935

I last saw h.er alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis, generalized | 8-26-35 |
| Appendicitis | 8-22-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-27-35

For what disease or injury? Peritonitis

Name of operation Exploratory Laparotomy Date of 8-27-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Healea Fleming, M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

15527 E 15527

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

126

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William S. Hoffman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1122 N. Baltimore St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~Wife~~ Laura H. (nee Hay)

6. DATE OF BIRTH (month, day, year) 2/1/1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Car Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Hoffman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie E. Witte

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 8/30, 1935

19. UNDERTAKER Harry F. Witzke

(Address) 401 E Lamondson Ave.

20. FILED AUG 29 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/19/35, 19..., to 8/27/35, 19... I last saw him alive on 8/27/35, 19... Death is said to have occurred on the date stated above, at 1:20 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis & cholecystitis | 1933 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis Cardiovascular Disease | c. |
| Diabetes Mellitus | c. |

Was an operation performed? cholecystotomy Date of 7/23/35

For what disease or injury? as above

Name of operation cholecystotomy Date of 7/23/35

What test confirmed diagnosis? Gross & Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Raymond F. Kelfrit, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15528 F 15528

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X-2 137

1. PLACE OF DEATH Maryland General Hospital Registered No.....

CITY OF BALTIMORE: (No..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mr. Jas. Conrad Ault If U. S. Veteran specify WAR.....

(a) Residence: No. Laurel Md. St., ...Ward. R.F.D. Box 58
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ault / Mrs Conrad Ault

6. DATE OF BIRTH (month, day, year) Aug. 3, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 73 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Conrade Ault

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT John F. Bandy (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 8-31 1935

19. UNDERTAKER Ridgely Selby (Address) Laurel Md

FILED AUG 31 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26 1935 to 8/28 1935

I last saw h im alive on 8/28 1935. Death is said to have occurred on the date stated above, at 8 25 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Acute Cardiac Dilitation | |
| (b) Prostatic Hypertrophy | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? yes Date of 8/26/35

For what disease or injury? Prostatic Hypertrophy

Name of operation Prostatectomy Date of 8/26/35

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15529

F 15529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Lou Murray

(a) Residence: No. I72I Aisquith Street St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, I935.

| 7. AGE Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|
| ✓ | I | 8 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Murray

14. BIRTHPLACE (city or town) Rockey Mountain
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Carrie Entriken

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

17. INFORMANT William Murray (Father)
(Address) I72I Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Aug. 29, I935

19. UNDERTAKER George J. Ruth, Inc.
(Address) I735 Harford Avenue

20. FILED Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h[illegible] alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:25 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Lobular Pneumonia (Bilateral) | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Ohrenberger, M. D.
Coroner

(Address) 1919 E. Northern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 15530 F 15530

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 48

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 5002 Liberty Hgts St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lily Dyer Kortz (Mrs Chas G)

If U. S. Veteran specify WAR None

(a) Residence: No. 5002 Liberty Hgts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles G. Kortz Jr

6. DATE OF BIRTH (month, day, year): July 20 - 1890

7. AGE — Years: 45 | Months: 1 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home (W)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wife
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: W. W. Hayes Lins
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Annie L. Woods
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Charles G. Kortz Jr
(Address) 5002 Liberty Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 24 1935

19. UNDERTAKER: The Tucker & Lewis Co
(Address) North Avenue

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) - August - 27th. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/3/34, 19..., to 8-27-35, 19...

I last saw her alive on 8-26-35, 19... Death is said to have occurred on the date stated above, at 2.29 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I - Carcinoma of Cervix. | - 1 yr. (?) |
| Other contributory causes of importance: | |
| (1) - Secondary Anemia | - 1 yr. |
| (2) - Chronic Myocarditis & Arterial sclerosis | - 6 mo |

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Earl Le Roy Chambers M. D.

(Address) 4108 - Liberty Hgts Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 15531

F 15531

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 2 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Mrs Mary J. Schofield

(a) Residence: No. 3808 Woodbine Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, ~~HUSBAND~~ of (or) WIFE of John W. Schofield

6. DATE OF BIRTH (month, day, year) ~~July 28 1865~~

7. AGE: Years 70 | Months 1 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month, day, year) 1929

11. Total time (years) spent in this occupation 6 or 7

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME William Temple

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Matthews

(Address) 3808 Woodbine Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Aug 31, 1935

19. UNDERTAKER J. H. Tucker & Sons

(Address) North & Gay Sts

20. FILED AUG 29 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935 to Aug 28, 1935

I last saw her alive on Aug 28, 1935 Death is said to have occurred on the date stated above, at 3 20 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset .....

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Barnaby M. D.

(Address) Maryland General Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1958-9

F 15532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... (Ward) .....

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Frederick. (John Justus Frederick)

(a) Residence: No. 205 N. Monroe St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian May Frederick

6. DATE OF BIRTH (month, day, year) 10/3/74

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 60 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Office Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Leon Frederick.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Henrietta Maas.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Aug 31, 1935

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave.

20. FILED ..... 19..... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1935, to Aug. 28, 1935

I last saw him alive on Aug. 28, 1935. Death is said to have occurred on the date stated above, at 6:02 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the R. lung bronchiogenic in origin causing obstruction of the right bronchus | Mo. 1935 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred Blalock, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9 15533 F 15533

302324 HEALTH DEPARTMENT—CITY OF BALTIMORE

36

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Merson

(a) Residence: No. 1968 Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Merson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Stenzenbaugh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland memorial Date 8-30-1935

19. UNDERTAKER Albert L. Stitz Jr.
(Address) 1006 N Chester Street

20. FILED AUG 29 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935, to Aug 28, 1935

I last saw him alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia - staphylococcus. | 8/25 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Julius H. Lowenhaupt M. D.
(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268

F 15534

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15534

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1 × Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Grout

(a) Residence: No. 4 Virginia Vale Park St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry E Grout

6. DATE OF BIRTH (month, day, year) 3/9/70

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 65 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Reisterstown Rd Date Aug 30 1935

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH ×

21. DATE OF DEATH (month, day, year) Aug 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29 1935 to Aug 27 1935

I last saw her alive on Aug 27 1935 Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1a. Ca Rad radical amputation of left breast for carcinoma. | |
| 1b. Developed erysipelas — | |
| 1c. Was about 3 weeks P.O. when she was apparently | |
| 1d. | |

Other contributory causes of importance:

Name of operation Radical Breast amputation Date of July 30

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl V. Schlicke, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 12-39 F 15535

F 15535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5302 Tippett ave St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Virginia Turner

(a) Residence: No. 5302 Tippett ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Turner

6. DATE OF BIRTH (month, day, year) 2/27/1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkton Md

FATHER

13. NAME Geo Stiffler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kassan Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John F Turner Sr
(Address) 305 Hopkins Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 29, 1935

19. UNDERTAKER J. L. Telford
(Address) 208 Calvert St

20. FILED ..... 19..... Registrar

AUG 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) aug 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, 19..... to August 26 1935
I last saw her alive on August 26 1935. Death is said to have occurred on the date stated above, at 11 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia. 3 weeks duration | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Chronic Interstitial nephritis Duration about 3 years.
Cardiac dilatation. Duration from June 10 to Aug. 26 1935.

Name of operation None. Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury NONE.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. V. Kelly, M. D.

(Address) 100 N. Linwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 126-35

F 15536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15536

## CERTIFICATE OF DEATH

✓ + 59

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth: ... yrs. ... mos. ... ds.

2. FULL NAME AMELIA GRAY

(a) Residence: No. ELLICOTT CITY St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Gray

6. DATE OF BIRTH (month, day, year) May 25, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 67 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last At or left this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick Gray

(Address) Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Cem Date Sept 1, 1935

19. UNDERTAKER J. Easton Sons

(Address) Ellicott City.

20. FILED ... 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1935 to 8-29-35, 19...

I last saw HER alive on 8-29, 1935 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| DIABETES MELLITUS | |
| CORONARY OCCLUSION | 8-22 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. K. Adams, M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

AUG 29 1935

M. D. F 12694 F 15537

F 15537

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Clements

(a) Residence: No. Newport Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Clements

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Theresa Kapeus

16. BIRTHPLACE (city or town) (State or country) Newport Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Newport Md Date 8/29 1935

19. UNDERTAKER Guy A. Tenley

(Address) Fulton & Fayette

20. FILED AUG 29 1935 By ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1935 to Aug 8, 1935

I last saw her alive on Aug 8, 1935 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Atelectasis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos. A. Sedlacek, M. D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. ..... St., 75 Ward) + 210 M.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR ..... OK

2. FULL NAME Marion Loveen

(a) Residence. No. 132-13th St NW Washington DC St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maruda Loveen

6. DATE OF BIRTH (month, day, year) 3/9-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, sawyer, bookkeeper, etc. Chemist USN yd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1931

10. Date decedent last worked at this occupation (month and year) 8-22-1935

11. Total time (years) spent in this occupation 10 ? yr

12. BIRTHPLACE (City or town) (State or country) Ga

FATHER

13. NAME Charles Loveen

14. BIRTHPLACE (City or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Mary N Hulett

16. BIRTHPLACE (City or town) (State or country) Ga

17. INFORMANT Charles E Loveen

(Address) 659 C St NE Washington DC

18. BURIAL, CREMATION, OR REMOVAL

Place Macon Ga Date 8/29/35

19. UNDERTAKER Eugene Finley

(Address) Jefferson & Fayette

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 8/27 19 35

Where did injury occur? West Blvd - 10 M m Bella

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place West Blvd 10 M m City

Manner of injury Struck by Pedaled Car in Traffic

Nature of injury Fract

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hubert Hurley Davis M. D.

Coroner

(Address) 1422 Park Ave Balto

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 15539

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15539

93-V

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 N. Luzerne Ave 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline C. Lachmann

(a) Residence: No. 1729 Abbottston St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lachmann

6. DATE OF BIRTH (month, day, year) Feb. 14, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Christian Buehler

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ~~Katharina~~ Barbara Aul

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles W. Lachmann

(Address) 1729 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 31, 1935

19. UNDERTAKER Mr. & Mrs. John N. Teufel & Son

(Address) 801 N. Fayette St.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 - 1935 to Aug 28 - 1935

I last saw h.. alive on Aug 27, 1935 Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | Aug 28 |
| Int. Arterial Hypertension | |

Other contributory causes of importance:

Acute Cardiac Dilatation

Pneumonia Edema

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Leppert M. D.

(Address) 156 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

JUL 29 1935

15540

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15540

## CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) 4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Burrell

If U. S. Veteran specify WAR None

(a) Residence: No. 658 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Burrell

6. DATE OF BIRTH (month, day, year) 5-10-92

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 43 | 3 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 8-24-35

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Hopewell Bannister

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/31/35

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED AUG 28 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1935, to 8-27, 1935

I last saw h[illegible] alive on 8-27, 1935 Death is said to have occurred on the date stated above, at 1:55 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fibroids of Uterus | 1933 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Severe Anemia (Secondary) | 8-22-35 |
| | |

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

v s 3

M. D. F 1268-9

F 15541

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15541

## CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward) 26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Sarkas (Lallas)

(a) Residence: No. 302 S. Oldham St. St., Ward X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of?

6. DATE OF BIRTH (month, day, year) July 8, 1929

7. AGE: Years 6 | Months 1 | Days 18 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Never worked

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nickolas Lallas.

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Irene Hinopulu

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nickolas Lallas (Address) 302 S. Oldham St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Aug 30, 1935

19. UNDERTAKER August Rost Inc. (Address) 316 S. Oldham St.

20. FILED Aug 30 1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1935 to Aug 26, 1935

I last saw her alive on July 26 1935 Death is said to have occurred on the date stated above, at 3:30 p m. 8-27-35

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (Right upper Lobe) | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dora Foster, M. D.

(Address) 1215 St Paul St.

V 5 3

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

M. D. B. [illegible]

15542

15542

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2636 Boone St., Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grant Hopps Sr

(a) Residence: No. 2636 Boone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ortine Hopps

6. DATE OF BIRTH (month, day, year) DEC 25-1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ~~63~~ 64 | | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potter Run

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Brown

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Irene Hopps

(Address) 2636 Boone St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/30 1935

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to Aug 27, 1935

I last saw h alive on Aug 26 1935. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic duodenal Ulcer | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. G. Johnson M. D.

(Address) 2324 Eastern Ave

v. s. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 15543

F 15543

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH South Baltimore Gen. Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Reiter

(a) Residence: No. 121 Burnette St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Reiter

6. DATE OF BIRTH (month, day, year) Dec. [illegible] 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 54 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Frederick Reiter

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Anna Gunkel

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Margaret Reiter
(Address) 121 Burnette St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Aug 31 1935

19. UNDERTAKER C. Howard Evans
(Address) 1400 N. Charles St

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935, to August 27, 1935
I last saw him alive on August 27, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphosarcoma | |
| | about |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) William Dwyer, M. D.
(Address) South Baltimore Gen. Hosp.

F 15544

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15544

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 E. Fitting St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Dillehunt

If U. S. Veteran specify WAR

(a) Residence: No. 712 E. Fittings St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Dillehunt

6. DATE OF BIRTH (month, day, year) Dec 3, 57

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 63 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dieseller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pint Enamel & Stamping Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Dillehunt

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Eatherson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary E. Dillehunt

(Address) 712 E Fittings

18. BURIAL, CREMATION, OR REMOVAL

Place NC Funeral Home Date 8/31/35

19. UNDERTAKER Raymond E. Sauer

(Address) 1400-02 Eastern Ave.

20. FILED Aug 30 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935 to Aug 28, 1935

I last saw him alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 2 mos |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Mitchell M. D.

(Address) 1279 William St

M. D. B 1268-9

F 15545

# F 15545 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 115 S. Durham St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Blair

If U. S. Veteran specify WAR .....

(a) Residence: No. 115 S. Durham St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 57 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Mfg factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Melbourne Australia

FATHER

13. NAME James Blair

14. BIRTHPLACE (city or town) (State or country) ~~Victoria~~ England

MOTHER

15. MAIDEN NAME Elizabeth Potter

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Josephine Albert (niece) (Address) 115 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug. 31 19

19. UNDERTAKER Fallon Zeibolz & O'Connor Mohr (Address) .....

20. FILED ..... 19 ..... Registrar

AUG 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 101 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Schenowski F 15546

F 15546

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (T.B. Div.) St., [illegible] Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank M. Schenowski

If U. S. Veteran specify WAR.....

(a) Residence: No. 1205 E. Fort Ave. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette Schenowski

6. DATE OF BIRTH (month, day, year) January 9, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 45 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedre

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Co. 007

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Schenowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tillie Zeleski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Sept. 2 19 35

19. UNDERTAKER Felix Zeleski

(Address) 708 S. Monroe St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to August 28, 1935

I last saw h.m. alive on August 27, 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | March 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Rem A. Feldman M. D.

(Address) Balto. City Hospital

15547 E 15547

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Walter

If U. S. Veteran specify WAR None

(a) Residence: No. Towson, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of ~~WIFE of~~ Bessie C. Walter

6. DATE OF BIRTH (month, day, year) Dec 4 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 8 | 6 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Gasoline Station

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Conshohocken Pa

FATHER

13. NAME Wm P. Walter

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

MOTHER

15. MAIDEN NAME Cynthia Gotzfess

16. BIRTHPLACE (city or town) (State or country) Philadelphia Penna

17. INFORMANT Wife

(Address) Towson Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Mem. Park Date Aug. 31. 1935

19. UNDERTAKER Fredk. Loughlin & Son

(Address) 7401 Belair Rd

20. FILED 8-29-1935 No. Registrar

CRR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27. 1934 to Aug 26 1935

I last saw him alive on Aug 26 1935. Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Ulcer perforated | |
| Other contributory causes of importance: Peritonitis | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton J. Sachs M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15548 E 15548

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., auto Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J Kearns

(a) Residence: No. 1567 Park Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typewriter Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Parker
(Address) 1567 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 8/29. 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Wilkens ave

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14. 1935 to Aug. 27. 1935

I last saw him alive on Aug. 27 1935 Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the Colon (cecum) | 1931 |
| Other contributory causes of importance: | |

Name of operation Resection of Cecum Date of 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ND Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leroy B Whiting M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

15549 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15549

## CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Taylor Ave St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Jane Nies

(a) Residence: No. 3304 Taylor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Henry Nies

6. DATE OF BIRTH (month, day, year) Nov. 15, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 69 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Ray

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Jefferson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William E. C. Nies
(Address) 3304 Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Aug 30, 1935

19. UNDERTAKER H. Sander Sons Inc
(Address) 1116 Pleet St

20. FILED ..... 19 ..... Registrar

29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to Aug 27, 1935.
I last saw her alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 5.52 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epithelioma of stomach & liver | |

Other contributory causes of importance:

| | |
|---|---|
| Terminal pneumonia Duration 2 weeks | |

Name of operation None Date of —

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B O Kelly M. D.

(Address) 108 N Linwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 15550

15550

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Woodland Ave. Ward 27) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline M. Whiting If U. S. Veteran specify WAR No

(a) Residence: No. 3409 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fairfax Herbert Whiting

6. DATE OF BIRTH (month, day, year): Oct 29-1853

7. AGE: Years 81 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Mathias Brown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Maria Elizabeth Kantner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Margaret C. Whiting 3409 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: St Marys Hamden Aug. 31-1935

19. UNDERTAKER (Address): Horace G. Burgee 3631 Falls Road

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Aug 28, 1935

I last saw her alive on Aug 28 1935. Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | ? |
| Other contributory causes of importance: Arterio Sclerosis | ? |

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Bubert M. D.

(Address) 4803 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15551

15551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Berwick Ave 27 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry A. Bachmann

(a) Residence: No. 2714 Berwick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Bachmann

6. DATE OF BIRTH (month, day, year) Aug 20 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 80 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Maker

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): New Jersey

FATHER

13. NAME Henry A. F. Bachmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT Caroline Bachmann

(Address) 2714 Berwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Aug 31 1935

19. UNDERTAKER Lisa F. Keany

(Address) 1 Wright St

20. FILED AUG 29 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1935 to Aug. 28 1935

I last saw him alive on Aug. 28 1935. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | Unknown |
| Other contributory causes of importance: | |
| Prostatic enlargement | Jan. '35 |
| Uraemia | 8/27/35 |

Name of operation none Date of ...

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) A. M. Bacon M. D.

(Address) 2 810 Taylor Ave. Hamilton P. O.

OCCUPATION is very important. See instructions on back of certificate.

15552 E 15552

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34E-59

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Palmerston If U. S. Veteran specify WAR

(a) Residence: No. 2259 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda M. Palmerston

6. DATE OF BIRTH (month, day, year) Dec 31 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Alice Pixley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 30 1935

19. UNDERTAKER John P. Denny
(Address) 715 Eighth St

20. FILED 29 1935 Washington Tillis Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1935, to 8-27, 1935

I last saw him alive on 8-27, 1935 Death is said to have occurred on the date stated above, at 11" A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8-25-35 |
| Diabetes mellitus | 8-33 |
| Syphilis | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 15553

# 15553 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Eutaw St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert C Carter

(a) Residence: No. 416 N. Pine St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | negro | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thos J Carter

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Susie Page

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sister Mary Washington

(Address) 416 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 8/30 19 35

19. UNDERTAKER Wm A Jackson

(Address) 916 Penna ave

20. FILED ... 19 ... Registrar.

8/31/1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1935 to Aug 28 1935

I last saw him alive on Aug 28 1935. Death is said to have occurred on the date stated above, at 4:35 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Cardiac Decompensation Myo-Cardial Degeneration

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm R Barkin M. D.

(Address) 1512 Eutaw St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 15554

15554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

v. 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 - WINGATE Road 27 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 62 yrs. ..... mos. ..... da.

2. FULL NAME JOHN O. H. OGGESEN

(a) Residence: No. 425 WINGATE ROAD Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EMMA K OGGESEN

6. DATE OF BIRTH (month, day, year) 4/13/1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME O. H. OGGESEN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MRS EMMA K. OGGESEN

(Address) 425 WINGATE

18. BURIAL, CREMATION, OR REMOVAL

Place NEW HAVEN Co Date SEPT 2 1933

19. UNDERTAKER John G. Miller

(Address) 2435 - 2 Olive St.

20. FILED ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1933

22. I HEREBY CERTIFY, That I attended deceased from AUG. 19 1933 to AUG - 29 1933

I last saw HIM alive on AUG - 29 1933. Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1933 |
| Chronic Nephritis | 1933 |
| Hypostatic Pneumonia | 2 days |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur J Davies M. D.

(Address) 800 W 33rd St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 15555

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15555

## CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Patterson Park Ave. St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Waryanna Wieczorkowska

(a) Residence: No. 10 S. Patterson Park Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Lesniewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Henriette Dix ( Daughter )

(Address) 7 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 30 1935

19. UNDERTAKER John F. Weber

(Address) 402 S. Chester St.

20. FILED AUG 30 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to Aug 26 1935

I last saw her alive on Aug 26 1935 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Aug 20 |

Other contributory causes of importance:

Gastric Hemorhage

over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leo F. Kulasky M. D.

(Address) 26 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1248-9 F 15556

F 15556

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 3/6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..to.. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..48.. yrs. ..... mos. ..... ds.

2. FULL NAME Mary Caplan

(a) Residence: No. 706 Mapleton Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 1937

10. Date deceased last worked at (his occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Pates

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Brenner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Victor Caplan

(Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Lawn Date 8/30/35 19

19. UNDERTAKER Jack Levi Inc

(Address) 432 E. Baltimore St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1935 to Aug 29 1935

I last saw her alive on Aug 29 1935 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | over |
| Acute Cardiac Dilatation | |

Other contributory causes of importance:

Hyperthyroidism

Hypertension

Name of operation Thyroidectomy Date of 8/28/35

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore C. Mandy M. D.

(Address) 635 E. Fort Ave

(Sinai Hosp.)

2 30 1935

F 15557

F 15557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-J-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 18 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Tyler Carter

(a) Residence: No. 861/2 W. Fairmount Ave.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unused

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Aug 31, 1935

19. UNDERTAKER Francis P. Keeley

(Address) 818 Druid Hill Ave.

20. FILED Aug 31 1935

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935 to Aug 27, 1935

I last saw him alive on Aug 27, 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis & uremia | ? |
| Hypertensive heart disease | ? |
| Other contributory causes of importance: Syphilis | over |

Was an operation performed? ..... Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Wassermann + Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 15558

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15558

## CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 563 E. 39th St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Viola Leffler

(a) Residence: No. 503 E. 39th St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 16 - 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or .. min. |
|---|---|---|---|---|
| | 25 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comptometer operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Mackey O. Leffler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Barbara Dietsch

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr Mackey O. Leffler
(Address) Hilland Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Hilland Ohio Date Aug 29. 1935

19. UNDERTAKER Leonard Rudek
(Address) 5305 Harford Road

20. FILED ..... 19 ..... Registrar.

AUG 30 1935 Huntington Station, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1935, to 8/29 1935

I last saw her alive on 8/29 1935 Death is said to have occurred on the date stated above, at 11:38 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrene Appendix | |
| Peritonitis | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Yes Date of 8/24/35

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 8/24/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. F. Peters M. D.

(Address) Md. Gen. Hosp.

OCCUPATION IS very important. See instructions on back of certificate.

F 15559 F 15559

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1137

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Buena Vista Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William D. Wilcox

(a) Residence: No. 3505 Buena Vista Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wilcox.

6. DATE OF BIRTH (month, day, year) Feb 10, 1842

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 93 | 6 | 19. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William D. Wilcox

(Address) 3505 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's, Hampden Date Aug 31. 1935

19. UNDERTAKER Chinoyer & Son.

(Address) 3615-17 Chestnut Ave.

20. FILED Aug 31 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19th 1935 to Aug 29th 1935

I last saw h... alive on Aug 18th 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Senile Debility

Date of onset 8/19/35

Other contributory causes of importance:

Senile Cerebral Arterio Sclerosis. Chronic Prostatism

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

Whnt test confirmed diagnosis? Symptoms & general findings (Was there an autopsy?)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No. Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) B. A. Fleisher, M. D.

(Address) 3615 Fords Rd.

OCCUPATIONS IS VERY important. See instructions on back of certificate.

M. D. B 1263-9 F 15560 F 15560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roman Bucsik

If U. S. Veteran specify WAR X

(a) Residence: No. 306 S. Bond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) February 20 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Bucsik

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Fobyniak

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Mary Bucsik (Address) 306 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Aug 30 1933

19. UNDERTAKER F. W. Grazewski (Address) 1933 Eastern Ave

20. FILED 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcic Meningitis | |

Other contributory causes of importance:

Meningococcic Septicemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave.

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15561

82-B

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Hanover St. St., 2-2 Ward)

Length of residence in city or town where death occurred 38 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Martha Minor.(C)

(a) Residence: No. 817 Hanover St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow |

5a. If ~~single~~ widowed, ~~wife~~ (or) WIFE of William Minor.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 53 | ---- | ---- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT William H. Smith.(C)
(Address) 723 Grindall Ct.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Aug 30, 1935

19. UNDERTAKER Isaac L Brown Son
(Address) 1058 Montgomery St

20. FILED ..... 19..... [illegible]
(Registrar.)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral Embolism.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Steinhardt, M. D.
Coroner

8/29/35 (Address) 1017 E. Charles St.

M. D. F. 1268-9

15562 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 15562

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4509 Falls Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Clifford Seymour

(a) Residence: No. 4509 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Etta Seymour

6. DATE OF BIRTH (month, day, year): Oct. 6 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 10 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Co.

10. Date deceased last worked at this occupation (month and year): 3/15/35

11. Total time (years) spent in this occupation: 2 Yrs

12. BIRTHPLACE (city or town) (State or country): St. Michaels Md.

FATHER

13. NAME: George W. Seymour

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ida Harrison

16. BIRTHPLACE (city or town) (State or country): St. Michaels Md.

17. INFORMANT: Myrtle Etta Seymour
(Address): 4509 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Michaels Md. Date: Aug. 31 '35

19. UNDERTAKER: John F. Denny
(Address): 713 Cross St

[illegible] 30 1935 Huntington Williams Jr. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1932 to Aug. 29, 1935.
I last saw him alive on Aug. 27, 1935. Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Acute Cardiac Dilatation | Instantaneous |
| Cardio Renal Decompensation | 5 mos. |
| Other contributory causes of importance: | |
| Chronic Myocarditis | Dec. 1932 |
| Chronic Interstit Nephritis | |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) F. H. Martin M. D.

(Address) 4037 Falls Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15563 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15563

## CERTIFICATE OF DEATH

✓173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 18 St., ..... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Entzminger

(a) Residence: No. 1210 W. Lexington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) Jan 29 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 6 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Rolling Mill

10. Date deceased last worked at this occupation (month and year) Aug 23 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackwood South Carolina

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Dellie Johnson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Thomas Entzminger

(Address) 218 Pickens St. Columbia S.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Aug 30, 1935

19. UNDERTAKER Joseph A. Lazeby

(Address) 1401 N. Fulton Ave

Huntington Williams M.D.
Registrar

20. FILED AUG 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said autopsy and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| haemorrhage from gun shot wound of liver | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Aug 24 1935

Where did injury occur? near Eastern Rolling Mill Balto Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury gun shot

Nature of injury wound of liver

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

5564

# HEALTH DEPARTMENT—CITY OF BALTIMORE 15564

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Md. Div.) Registered No.

CITY OF BALTIMORE: (No. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell Washington If U. S. Veteran specify WAR

(a) Residence: No. 507 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ledonia Washington

6. DATE OF BIRTH (month, day, year) August 9, 1903

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 32 | — | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Co.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Washington
14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Hattie Sampson
16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Sept 2. 1935

19. UNDERTAKER Joseph A Lively
(Address) 540 N. Monroe St.

AUG 30 1935

Huntington Williams
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1935 to August 25, 1935

I last saw him alive on August 25, 1935. Death is said to have occurred on the date stated above, at 3.5 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Feb. 1935 |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

M. D. F. 1268-9

F 15565

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15565

## CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH University Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Redwood & Green St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Warren Keys

(a) Residence: No. 437 So. Stricker St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/19/1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 0 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Elmer W. Keys

14. BIRTHPLACE (city or town) Manassas (State or country) Virginia

MOTHER

15. MAIDEN NAME Beatrice Jenkins

16. BIRTHPLACE (city or town) Balto. (State or country) Md

17. INFORMANT Elmer W. Keys
(Address) 437 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Aug 30 1935

19. UNDERTAKER Bell Co. B. M. Walters
(Address) Near 40th & Harford Sts

Aug 30 1935 Huntington Williams, M.D.
(Date received) 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to 8/28/35 19.....

I last saw h.. alive on 8/28/35 19..... Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Premature birth | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Irving Freeman M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 15566

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15566

## CERTIFICATE OF DEATH

✓18

1. PLACE OF DEATH Lydenham Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 57 yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 3719 Fleetwood Ave. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma Wright

6. DATE OF BIRTH (month, day, year) May 13, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 3 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cons. Gas + Elect. Co

10. Date deceased last worked at this occupation (month and year) Aug. 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wife

(Address) 3719 Fleetwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cr Date Aug 31 1935

19. UNDERTAKER John Ubligit

(Address) 2008 Orleans St

20. FILED Aug 30 1935, 19.. Huntington Williams, N.D. Registrar.

OCCUPATION IS very important. See instructions on back of certificate.

V S 3

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1935, to Aug. 29, 1935

I last saw him alive on Aug. 27, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | Aug 25 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr, M. D.

(Address) Lydenham Hospital

F 15567 F 15567

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Calvert & Saratoga St., 12 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs Anna Kriel
(a) Residence: No. 321 E 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kriel

6. DATE OF BIRTH (month, day, year) July 20 1862

| 7. AGE Years | Months | Days | If LESS than 1 day ..hrs. or ..min. |
|---|---|---|---|
| 73 | 1 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Harvey H Wagner
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Sarah Belasco Lexington Cooper
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John A Payne
(Address) 3429 Guilford Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Aug 31 1935

19. UNDERTAKER Josiah Eyler
(Address) 1600 West North Ave

20. FILED AUG 30 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20 1935 to Aug. 29 1935
I last saw h.. alive on Aug. 28 1935 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | |
| Other contributory causes of importance: Bronchopneumonia | |

Was an operation performed? Yes Date of Aug 25 1935
For what disease or injury? Carcinoma of Colon
Name of operation Colostomy Date of Aug 25
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. N. Gaskey M. D.
(Address) Mercy Hosp.

M. D. B 12[illegible]-3 15568 F 15568

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital St., 12 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Bibbs

(a) Residence: No. 3234 Barclay St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 15 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private household.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisa County Virginia

FATHER

13. NAME Aggon Slaten

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Averta Bibbs

(Address) 3234 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Aug 31st 1935

19. UNDERTAKER Mgr. Robert A. Elliott

(Address) 429 Lexington St.

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wright M. D.

(Address) 1010 S. Ellwood Ave. Coroner

OCCUPATION is very important. See instructions on back of certificate.

Aug 28 1935 Instructor Physicians Act

M. D. P. 1268-9

F 15569

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15569

## CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 10 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie Rosenweig

(a) Residence: No. 801 E. Eager St. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 5 6 Mos | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME David Rosenweig

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Kinz

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Helgen Mt Carmel Date 8/30/35 19....

19. UNDERTAKER Isadore Lewis Inc.

(Address) 1739 E. Baltimore

20. FILED ..... 19..... Interim William, Registrar.

8/31/35 6

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1935 to Aug 30 1935

I last saw her alive on Aug 30 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

Diarrhoea & Vomiting. — Date of onset 8-12-35

Cause undetermined

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Edward Cotter, M. D.

(Address) University Hosp.

15570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B F 15570

Registered No.

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., 14 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Andrew Jackson Evans

(a) Residence: No. 1915 Division St. St., Ward. Salisbury, Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Evans

6. DATE OF BIRTH (month, day, year) March 6, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 5 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Co

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Somerset Co (State or country) Md.

FATHER

13. NAME Johnson E. Evans

14. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Bradshaw

16. BIRTHPLACE (city or town) Somerset Co (State or country) Md.

17. INFORMANT Mr. Andrew Evans Jr.
(Address) 813 St. Paul St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Place Princess Anne Md. Date Sept. 1 1935

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Pine

AUG 30 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1935 to Aug. 27, 1935

I last saw h. alive on Aug. 27, 1935. Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Urinary Bladder | 1931 |
| Cystitis | May 1935 |
| Pyelitis | |
| Other contributory causes of importance: Arteriosclerosis | ? |

Was an operation performed? Yes Date of May 9, 1935

For what disease or injury? Carcinoma of Bladder

Name of operation Suprapubic Cystotomy & Biopsy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Leslie Fleming, M. D.

(Address) Union Mem. Hospital

M. D. B 1268-9

F 15571

15571

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital, St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence (Knoll) Williams

(a) Residence: No. 911 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~wife~~ (or) ~~WIFE~~ of Sebastian — Husband of Williams

6. DATE OF BIRTH (month, day, year) May 3 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|---|
| | 29 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER

13. NAME Laurence Williams

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Jurton

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Medical School Date Aug 30, 1935

19. UNDERTAKER
(Address)

20. FILED Aug 31 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Aug 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 26, 1935

I last saw him alive on Aug 26, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Meningococcus meningitis | 8-19-35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irene D. Schwentker, M. D.

(Address) Sydenham Hospital

30 1935

1675 A

M. D. B 1268-9

E 15572

15572
30 2 34
Med

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Arthur Brown

(a) Residence: No. 1539 W. Lanvale St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 28 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ad 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Charles Arthur

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 8/30 19 35

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Greenmount Av

20. FILED Aug 31 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935 to Aug 28 1935
I last saw her alive on Aug 28 1935. Death is said to have occurred on the date stated above, at 5 00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriolosclerosis with Hypertension and Nephritis | 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Harry Michael Silverman, M. D.

(Address) Johns Hopkins Hospital

F 15573

15573 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Day

If U. S. Veteran specify WAR

(a) Residence: No. 1700 Preastman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Williams.

6. DATE OF BIRTH (month, day, year) 1/7/79.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56. | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Abraham Hicks.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/1/35

19. UNDERTAKER Thomas E. Kelcon
(Address) 1303 Preastman St

26. Filed Huntington Williams Registrar

SEP 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1935 to 8/28, 1935

I last saw her alive on 8/28, 1935. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, coronary and generalized | Unknown |
| Cardiac failure; | Unknown |
| | |
| Other contributory causes of importance: | |
| Arthritis deformans | Unknown |
| Decubitus ulcers | Unknown |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. L. DeSantelle, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 15574

30 32 32

# HEALTH DEPARTMENT—CITY OF BALTIMORE

30 32 F 15574

## CERTIFICATE OF DEATH

X 71-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dina . Isaacs

(a) Residence: No. Marriottsville St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Claude Isaacs

6. DATE OF BIRTH (month, day, year) 7/13/84

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Marcellus Wright

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Frances Warfield

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. View Cem. Date Sept. 1 1935

19. UNDERTAKER C. M. Waltz
(Address) Marriottsville Md

Howard County

AUG 30 1935, 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 . 1935 to Aug 30 . 1935

I last saw her alive on Aug 30 . 1935. Death is said to have occurred on the date stated above, at 8 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anemia | 1929 |
| Myocardial Insufficiency | 1934 |
| Combined Sclerosis of cord | 1932 |

Other contributory causes of importance:

Rheumatoid arthritis

Name of operation ... Date of ...

What test confirmed diagnosis? Blood Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. O. Stellwagen M. D.

(Address) The Johns Hopkins Hospital

AdCo. 5-31 250B

F 15575

15575

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46-F

## CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Kenwick Rd St., 13 Ward)

Length of residence in city or town where death occurred 60 yrs. ...mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Harry M. Johnson

(a) Residence: No. 3411 Kenwick Rd., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Johnson

6. DATE OF BIRTH (month, day, year) Sept 21, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 64 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr. & Real Co.

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phoenix Balto Co, Md.

FATHER

13. NAME Oscar Johnson

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Marion Anderson

16. BIRTHPLACE (city or town) (State or country) Towsn Balto Co, Md

17. INFORMANT Mrs. Wm. Dyer
(Address) 209 W. 33rd St, Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Glencoe Date Sept 2 1935

19. UNDERTAKER Wm C. Brooks & Son
(Address) Towson Md

Huntington Williams, N.D.
Registrar.

20. FILED 30 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Aug 30, 1935

I last saw h[illegible] alive on Aug 30, 1935 death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Biliary Obstruction (Carcinoma) | July 1935 |
| | about |
| Other contributory causes of importance: Myocardial failure | Aug 28th |
| Jaundice | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Francis H. Gilles, M. D.

(Address) 20 E. Preston St.

M. D. B 1269-9

F 15576

15576

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Harlem Ave St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Edward Henry Letzer

(a) Residence: No. 2528 Harlem Ave St., 61 XX Ward.....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Letzer

6. DATE OF BIRTH (month, day, year) Sept 5 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Letzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Oseria Letzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Letzer (Address) 2528 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Leadenhall Date Sept 2. 1935

19. UNDERTAKER (Address) Mrs. John W. Yingling 501 W. Lanvale St

20. FILED Sept 3 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ inquiry thereon and from the evidence obtained by said ~~inquest~~ inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectaris | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. Hann M. D. Coroner

(Address) 1215 Hanover

M. D. F. 1268-9

B 15577

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 15577

X 53-c

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie J. Rolls

(a) Residence: No. 152 Lemmon St. St., ..... Ward. Binghampton N.Y.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. E.

6. DATE OF BIRTH (month, day, year) 7/21/90

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn-

FATHER

13. NAME Blebelsbay

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bacon

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records-

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place TAWANDA - PA Date 8/30 1935

19. UNDERTAKER John C. Mitchell Sons.

(Address) 1900 - Eutaw Place.

20. FILED AUG 30 1935 Huntington, West Virginia

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1935 to Aug 30 1935

I last saw her alive on Aug 30 1935. Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, malignant | 1934 |

Other contributory causes of importance:

Name of operation Craniotomy Date of 8/28/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Edward J. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 15578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15578

89-a

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyndenham Hospital St. 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Gorman

(a) Residence: No. 221 North Carrollton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb 20, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

FATHER

13. NAME John Gorman

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/1 35

19. UNDERTAKER Wm. A. Jackson
(Address) 916 Lemmon ave

20. FILED 19 Registrar

AUG 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1935 to Aug 30 1935

I last saw her alive on Aug 30 1935 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Otitis media, acute | 8-2-35 |
| Mastoiditis acute | ? |
| Streptococcus meningitis | 8-23-35 |

Other contributory causes of importance:

Was an operation performed? Mastoidectomy Date of 8-24-35

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy Date of 8-24-35

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Lyndenham Hospital

F 15579 F 15579

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (7th Div.) 23 Registered No.

CITY OF BALTIMORE: (No. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR X

2. FULL NAME Rosa Cowan

(a) Residence: No. 317 N. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Rob Cowan

6. DATE OF BIRTH (month, day, year) Dec. 25, 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsw. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Henry Webb

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Julia Leadbetter

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/1 19 35

19. UNDERTAKER Wm. H. Jackson

(Address) 916 Pennsylvania

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to August 29, 1935

I last saw her alive on August 29, 1935 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | March 1930 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Balt. City Hospitals

M. D. Bl. 265-6 F 15580

F 15580

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 129

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Forrest

(a) Residence: No. 2343 W. North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Evelyn Forrest

6. DATE OF BIRTH (month, day, year) Feb 12th 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc " 0367

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwin C. Forrest

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary B. Banks

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT John B. Forrest

(Address) 338 N. Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 2nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Sept 3 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30th, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1935 to August 30, 1935

I last saw him alive on August 30, 1935 Death is said to have occurred on the date stated above, at 1:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diaphragmatic Abscess | 8/25/35 |
| Localized Peritonitis | 8/25/35 |

Other contributory causes of importance:

Name of operation Post Gastroenterostomy Date of

What test confirmed diagnosis? GASTROENTEROSTOMY Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury. , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schonfeld, M. D.

(Address) University Hospital

F 15581 F 15581

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) 2235 Reisterstown Rd (St., 3 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Charles H. Reese
(a) Residence: No. 2235 Reisterstown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Life

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widower
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Reese
7. DATE OF BIRTH (month, day, year) Oct 2 1864
7. AGE — Years 70 | Months 10 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stripping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander Brothers
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Reese
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Catherine
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Reese
(Address) 2235 Reisterstown Rd

18. BURIAL, CREMATION OR REMOVAL London Park Sept 2 35

19. UNDERTAKER William Bork
(Address) 1217 St Paul Street

20. FILED ..... 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug- 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 to Aug 30, 1935
I last saw him alive on Aug, 30, 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver (not Alcholic) | |
| Arteriosclerosis | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. H. Adler M. D.
(Address) 3737 E. North Ave

M. D. B 12

15582

F 15582

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence W. Gorman

No War Record

(a) Residence: No. 1513 N. Durham St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) November 22, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 9 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Lawrence Gorman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louis Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lawrence W. Gorman

(Address) 1513 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Aug 31st 1935

19. UNDERTAKER William Cook

(Address) 1217 E Fayette St

20. FILED Aug 31 1935 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27 1935 to August 29 1935

I last saw him alive on August 29 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Gastro-enteritis | |
| 2. Malnutrition. | |

Other contributory causes of importance:

Diarrhoea

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. M. Magruder, M. D.

(Address) ...

M. D. B. 1268-9 F 15583 F 15583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH Home

CITY OF BALTIMORE: (No. 4421 Parkmount St., 56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ellen Nora Scherer No War Record

(a) Residence: No. 4421 Parkmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Joseph Scherer.

6. DATE OF BIRTH (month, day, year) May 6 1865.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 3 | 14 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Owen Jefferson Langley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Sent

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John T. Scherer

(Address) 4421 Parkmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Aug 31st 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Aug 1931 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1931 to August 29, 1931

I last saw her alive on August 29, 1931. Death is said to have occurred on the date stated above, at 4 50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Ventral Hernia | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Eldred Robert, M. D.

(Address) 6010 York Road Balto

M. D. B. 1268-9

F 15584

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15584

## CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp. St., ..... Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. George Raab

(a) Residence: No. 2824 Brighton St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

In War Record

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Theresa M. Raab

6. DATE OF BIRTH (month, day, year) Feb 9th 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md School for Blind

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Theresa Raab
(Address) 2824 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 2nd 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/28/35, 19... to 8/30/35, 19... I last saw him alive on 8/30/35, 19... Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | ? |
| Cerebral Embolism Nephritis | ? |
| Uremia | 8/28/35 |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Milton Levin, M. D.

(Address) W. B. & H.

F 15585

F 15585

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

55-9

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Home

2. FULL NAME George Vlangas

(a) Residence: No. 1111 Gorsuch Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Married

6. DATE OF BIRTH (month, day, year) Nov. 24th, 1911

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 23 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore Vlangas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Anna Tampley

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 2. 1935

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md.

20. FILED AUG 31 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30th 1935 to August 29th 1935

I last saw h[illegible] alive on August 29th 1935 Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor (Type unknown) in 4th Ventricle | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 8-29-35.

For what disease or injury? Brain Tumor

Name of operation Craniotomy Date of 8-29-35

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospitals

M. D. B 1268

F 15586 Scott F 15586

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 210-M

Registered No.

1. PLACE OF DEATH Maryland Ave Shop (R.R.)

CITY OF BALTIMORE: (No. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Scott C

If U. S. Veteran specify WAR

(a) Residence: No. 411 N. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | W | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara Scott

6. DATE OF BIRTH (month, day, year) 1875

| 7. AGE Years | Months | Days | If LESS than 1 day..... hrs. or min. |
|---|---|---|---|
| 60 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Daniel Brooks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Brooks

(Address) 411 N. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/31 1935

19. UNDERTAKER Walter Dr. Sipes

(Address) 139 W. Fayette St.

20. FILED 8/1 1935 Wm. Hamilton Lee, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Fract Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8/29 1935

Where did injury occur? Madison Ave & Eutaw St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. Finney Auto Coroner, M. D.

(Address) 502 Bush St

M. D. F 1268-2

F 15587

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15587

## CERTIFICATE OF DEATH

34-953

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Glenroy Snowden

(a) Residence: No. 1413 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hortense Snowden

6. DATE OF BIRTH (month, day, year) April. 13, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 34 | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Md

FATHER

13. NAME Robert Snowden

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Hortense Snowden
(Address) 645 Shoreham

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date Sept 2 - 1935 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ... 1935 ... 19 ... Registrar.

Huntington & Wilkerson, Balto., Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-28- ... 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-15- ... 1935 ... to 8-28 ... 1935

I last saw him alive on 8-28 ... 19 ... Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease | 7-15-35 ? |
| | over |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvin Blue Comp ... M. D.

(Address) Provident Hosp

M. D. F. 126

F 15588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15588

## CERTIFICATE OF DEATH

✓108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Holton

(a) Residence: No. 182 Little Walsh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd day

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm C. Holton

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Caroline Herbert

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Theodore Wright

(Address) 1324 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Aug 31 192[illegible]

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29 , 1930

22. I HEREBY CERTIFY, That I attended deceased from 8-27 , 1930, to 8-29 , 1930.

I last saw him alive on 8-29 , 1930. Death is said to have occurred on the date stated above, at 7 0/0 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Bilateral Lobar Pneumonia | 8-28-30 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner

Nature

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin DeLampte, M. D.

(Address) Provident Hosp

M. D. B 1268-9 F 15589 F 15589

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 505 Oxford St. 17 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Hayward
If U. S. Veteran specify WAR .....

(a) Residence: No. 505 Oxford St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Annapolis Md.
(State or country)

MOTHER

13. NAME Mrs Hanson

FATHER

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Sophia Green

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Florence Saunders
(Address) 505 Oxford st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 8/31 35
19

19. UNDERTAKER Thos E. Kelson
(Address) 303 Presstman st.

20. FILED ..... 19 .....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereof and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 5:30 pm,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis of Left side. | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: old age, debility

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. Hanson M. D.
Coroner
(Address) 1231 Hanover

M. D. B 1263-9

F 15590 HEALTH DEPARTMENT—CITY OF BALTIMORE D 15590

# CERTIFICATE OF DEATH

193

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1257 William St. St. 24 Ward)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond T. Jacobs.

(a) Residence: No. 1259 William St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, HUSBAND of Mary Jacobs.

7. DATE OF BIRTH (month, day, year) July 5, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 1 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Howard Jacobs.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah A. Dehn.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Howard C. Jacobs. (brother)
(Address) Linthicum Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Sept 1, 1935

19. UNDERTAKER John F. Dent
(Address) 715 E. Lexington St.

20. FILED ..... 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Electrocution. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Steinhardt M. D.
Coroner

8/30/35 (Address) 1017 E. Charles st.

F 15591

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15591

149-a-122 B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mildred ESTELLE West.

(a) Residence: No. 5413 Grinder ave. St., Ward. Hamilton X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married. |

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Norman West.

6. DATE OF BIRTH (month, day, year) Mar. 14 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 5 | 14 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME Mr. Edward Taylor

14. BIRTHPLACE (city or town) (State or country) ? Maryland.

15. MAIDEN NAME Lola Mossberger

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT Mr. Frank Norman West.

(Address) 5413 Grinder Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Aug 31 1935

19. UNDERTAKER John H. Denny

(Address) 710 Light St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1935 to Aug. 29, 1935

I last saw h.er alive on Aug 29, 1935. Death is said to have occurred on the date stated above, at 5 30 A.m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Ileus | 8/25/35 |
| acute dilatation of stomach | " |

Other contributory causes of importance:

Was an operation performed? Yes. Date of Aug. 24, 1935.

For what disease or injury? Pelvic dystocia

Name of operation Caesarian Section Date of Aug 24.

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hamburger Jr. M. D.

(Address) Union Memorial Hospital.

M. D. F. 1268-9

30 3193

F 15592

35-17-14. M

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X ✓ 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Murray T. Donoho / Donoho, Murray

(a) Residence: No. 2000 - 16th St. N. W. St., ..... Ward. Marburg 1

(Usual place of abode) Washington, D. C. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) June 19, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Ret'd

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James M. Donoho

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Aug 31 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1700 Eutaw Place

20. FILED AUG 31 1935 19..... Registrar.

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th, 1935, to Aug 29th, 1935.

I last saw him alive on 29th of Aug, 1935. Death is said to have occurred on the date stated above, at 4.17 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung abscess, chronic pulmonary Tuberculosis | March 1935 |
| Heart failure | |

Other contributory causes of importance:

Bronchitis and bronchiectasis

Name of operation Rt. THORACOTOMY Date of 8-26-35

What test confirmed diagnosis? XRAY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alfred Blalock M. D.

(Address) Johns Hopkins Hospital

15593 F 15593

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. 41st St. St., 9 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate O. Adrian

(a) Residence: No. 508 E. 41st St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ohwd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joe Adrian

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT William F. Bell

(Address) 508 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date Sept. 21 19 35

19. UNDERTAKER George D. Smith

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1935, to Aug 21, 1935

I last saw h.. alive on Aug 21, 1935. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Sclerosis | several yrs. |
| | |
| Other contributory causes of importance: | |
| Gangrene of right foot | 6 wks |
| + loss + [illegible] | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W B Bunn and Wood M. D.

(Address) 218 Northway

Then 2216 Jamaica Rd Ln

M. D. B. 1268-9

15594 F 15594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 E. 33rd. St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

World war

2. FULL NAME Leonard Ober

(a) Residence: No. 209 E. 33rd. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4.1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Gustavus Ober

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Bessie Hambleton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J.H.Ober

(Address) 3803 St.pAul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Sept.2.1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29.1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Aug 29 1935 Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

Pistol shot wound Thru right head Self inflicted

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Aug 29 1935

Where did injury occur? 209 E. 33rd St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Bodenheimer Coroner M. D.

(Address) 850 W. 36th. St.

15595 F 15595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 129

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Thomson Frazier If U. S. Veteran specify WAR .....

(a) Residence: No. 1623 W Franklin St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | black | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Frazier

6. DATE OF BIRTH (month, day, year) ? ? 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 28 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME Bradley Johnson

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Fannie Crockett

16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT Balto. City Hospt (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Sept 2, 1935

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

20. FILED ... 19... Registered AUG 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-29-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-26-1935 to 8-29-1935.

I last saw her alive on 8-29-1935 Death is said to have occurred on the date stated above, at 6.15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Peritonitis (Gon) 1 wk

Other contributory causes of importance:

Septicemia (?) 2 days

Was an operation performed? yes Date of 8-27-35

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robt T H Mantz M. D.

(Address) Balto City Hospt

F 15596 F 15596

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Williams

(a) Residence: No. 551 N. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Williams

6. DATE OF BIRTH (month, day, year) Feb. 17 - 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Mason

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Wiley

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Aug 31st 1935

19. UNDERTAKER L. A. Snowden
(Address) 1129 Caroline St.

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1935, to Aug 28, 1935

I last saw her alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 9½ P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis generalized | Unknown |
| Chronic Nephritis | Unknown |
| Uremia, | 8-20-35 |

Other contributory causes of importance:

Was an operation performed? No - Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

Spec.—8-16-29—L. F. S.—100 Bks.

F 15597

F 15597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3237 McTeague ST., 20 WARD)

2—FULL NAME Mary Elizabeth Cooper

(a) RESIDENCE NO. 3237 McTeague ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: George Cooper

6 DATE OF BIRTH (month, day, and year): 1869

7 AGE: Years 66 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitress

(b) General nature of industry, business, or establishment in which employed (or employer): Office Bldg.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: James Crowner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Eugenia Rigney

(Address) 612 S. 16th St Philadelphia Pa

15 Filed ... 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 30, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to Aug 30, 1935, that I last saw her alive on Aug 27, 1935 and that death occurred, on the date stated above, at 5 39 A m.

The CAUSE OF DEATH* was as follows:

Nephritis
Interstitial

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) ... over

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

8/31, 1935 (Address) 1063 Mt Pleasant ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: Sept 3, 1935

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3221 Schroeder St

F 15598

M. H. B. 12

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15598

✓ 119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Robinson

(a) Residence: No. 574 Oxford St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Aa | |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John Robinson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unk
16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Cordelia Taliaferro
(Address) 1329 North Gilmor

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Cem Aug 31 1930

19. UNDERTAKER Elroy Oldale
(Address) 1000 Broadway

20. FILED ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30 1930

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1930 to Aug 30 1930.
I last saw him alive on Aug 30 1930. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea (Fermentative) | Unknown |
| Other contributory causes of importance: Malnutrition | Unknown |

Name of operation ... Date of ...
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvin B. Thelcompte M. D.
(Address) Provident Hosp

M. D. F 1268-9

F 15599

15599

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

194-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 E. Balto. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl H. May

(a) Residence: No. 613 E. Balto St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec. 30, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 32 | 32 | 8 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Richard May

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Hatty Cornell

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Richard May

(Address) Everett Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Everett Pa Date 8/31/35

19. UNDERTAKER Chas. P. Towell

(Address) 2124 Kenwood Ave.

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4 45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| Extra Dural Hemorrhage | |

Other contributory causes of importance:

Alcoholism

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 8/29/35

Where did injury occur? Unknown Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unknown

Manner of injury Unknown

Nature of injury Blow to head

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Chas. R. Wallace M. D.

Coroner

(Address) 1031 St Paul St

M. D. B 1263 F 15600

F 15600

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Linden ave St. 14 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Hankins Watkins If U. S. Veteran specify WAR None

(a) Residence: No. 1404 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Watkins

6. DATE OF BIRTH (month, day, year) March 3 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henderson N. C.

FATHER

13. NAME John Young

14. BIRTHPLACE (city or town) (State or country) Henderson N. C.

MOTHER

15. MAIDEN NAME Sallie Eaton Young

16. BIRTHPLACE (city or town) (State or country) Henderson N. C.

17. INFORMANT Robert L. Watkins
(Address) 1404 Linden ave

18. BURIAL, CREMATION, OR REMOVAL
Place Middleburg N. C. Date Sept 2nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Sept 1 1935 Thomas J. Kavanagh Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above. 8 a m

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Hann Coroner, M. D.

(Address) 1216 Harlem ave

F 15601

F15601

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 Bonaparte St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME John J. Davidson

(a) Residence: No. 1206 Bonaparte St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Nellie H. Davidson

6. DATE OF BIRTH (month, day, year) Oct 5th 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 10 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0075

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Cutter

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME James W. Davidson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Eugenia Knight

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Nellie H. Davidson 1206 Bonaparte St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 3rd 19

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 E. F. Hopkins, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug - 31st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1st, 1935 to Aug - 31st, 1935

I last saw him alive on Aug - 31st, 1935. Death is said to have occurred on the date stated above, at 10-15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infirmities of age | |
| Arterio-sclerosis. | |
| Mitral Insufficiency | Jan 1935 |
| Myocarditis. | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Magness, M. D.

(Address) 14 East Read St

Vernon-2689.

F 15602

F 15602

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1-82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2116 St. Fulton Ave. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Mo

2. FULL NAME George M. Pregrave

(a) Residence: No. 2116 St. Fulton St., Ward.
(Usual place of abode) 25 (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Henrietta Pregrave

7. DATE OF BIRTH (month, day, year) Nov 2nd 1869

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 9 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B-O RR.
10. Date decedent last worked at this occupation (month and year) March 16-35
11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or county) (State or country) Sterling Va

FATHER
13. NAME Geo M Pregrave
14. BIRTHPLACE (city or county) (State or country) Sterling Va

MOTHER
15. MAIDEN NAME Rosella Heaver
16. BIRTHPLACE (city or county) (State or country) Sterling Va

17. INFORMANT Mrs Henrietta Pregrave
(Address) 2116 St. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 2, 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

FILED Sept 3 1935 Registrar

PP-1533

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Aug 30, 1935
I last saw him alive on Aug 30, 1935. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| + paralysis | Aug 23/35 |
| Hypostatic pneumonia | Aug 29 |
| Other contributory causes of importance: | |
| Arteriosclerosis | 9 |
| Hypertension (from history) | 1933 |

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, how

(Signed) Walter Pugh M.D.
(Address) 2220 Harrison Blvd

M. D. B 1268-9 F 15603 F 15603

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 25 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Owen Campbell If U. S. Veteran specify WAR None

(a) Residence: No. 3613 S. 4th St. Brooklyn Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances V.

6. DATE OF BIRTH (month, day, year) Aug 25 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 34 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fairfield Factory

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME Thos Campbell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Mitchell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Frances Campbell (Address) 3613 S. 4th St

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Sept 3rd 1930

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1610 S. Ellwood Ave.

F 15604 F 15604

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. X 120

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. ..... St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Waldgemuth
(a) Residence: No. Carteret St., Carteret, N. J. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced (or) WIFE of Fred

6. DATE OF BIRTH (month, day, year) 8/12/1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 0 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER
13. NAME Harry Pawlowsky
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Lena Rosenfeld
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 9/1/35 19
[illegible] Cemetery, Inc.

19. UNDERTAKER Walter Harris, Inc.
(Address) 1437 E. Baltimore St.

20. FILED 9-1-1935 Huntingtown Wilkens MD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7/28/35, 19..., to 8/31/35, 19...
I last saw h... alive on 8/31/35, 19... Death is said to have occurred on the date stated above, at 11 ½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ulcerative Colitis | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 8/13/35
For what disease or injury? Ulcerative Colitis
Name of operation Ileostomy Date of 8/13/35
What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Raymond F. Kelford, M. D.
(Address) Mercy Hospital

M. D. B 1268-9

F 15605

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15605

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Askin

(a) Residence: No. 731 W. North Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Askin

6. DATE OF BIRTH (month, day, year) 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Russia

FATHER

13. NAME Frank Askin

14. BIRTHPLACE (city or town) ..... (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Bella Berman

16. BIRTHPLACE (city or town) ..... (State or country) Russia

17. INFORMANT Rebecca Askin--Wife

(Address) 731 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Freindship Date 9-1-35, 19

19. UNDERTAKER Jack Levine

(Address) 1439 E. Baltimore St.

20. FILED Hunter Fox Williams [illegible]

1-1635

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave

M. D. P. 1208-A

F 15606

Skrabek

F 15606

30260

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 5 yrs. ... mos. ... ds.

2. FULL NAME Emil Skrabek

(a) Residence: No. 415 N Duncan St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-20

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 15 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Czechoslavacia

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Czech

15. MAIDEN NAME Agnes Bublik

16. BIRTHPLACE (city or town) (State or country) Czech

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 9, 1935

19. UNDERTAKER Frank Coach & Son
(Address) 1906 E Monument

FILED 9-1-1935 Hunington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935, to Aug 31, 1935
I last saw him alive on Aug 31, 1935. Death is said to have occurred on the date stated above, at 6.35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Otitis media, Chronic | 3 yrs. |
| Mastoiditis, acute | |
| Cerebro-Spinal meningitis, Streptococcus | 2 months |

Other contributory causes of importance:

Name of operation Mastoidectomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

F 15607

F 15607

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital 21 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Squarnovitch or (Skarnavitch) X

(a) Residence: No. 810 W. Barre St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 18, 1927

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 8 | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stephen Squarnovitch

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Polyanski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross A.A. to. Date Sept 2 1935

19. UNDERTAKER John Grebauckas
(Address) 1423 S. Paca St.

20. FILED Aug 31 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1935, to Aug 31, 1935. I last saw h. alive on Aug 31, 1935. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute anterior poliomyelitis | 8-28-35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Spinal puncture Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwentker, M. D.

(Address) Sydenham Hospital

M. D. 3 (1268) 15608 E 15608

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 210-M

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lenel Barnes (Col) — If U. S. Veteran specify WAR No

(a) Residence: No. 1408 Division St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 16 - 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 4 | ✓ | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore Md
(State or country)

FATHER

13. NAME Benjamin Evans

14. BIRTHPLACE (City or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Lillie Barnes

16. BIRTHPLACE (City or town) North Carolina
(State or country)

17. INFORMANT Lola Barnes
(Address) 1408 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 1, 195

19. UNDERTAKER T. A. Brooks
(Address) 1463 N. Carey St

20. FILED ..... Assistant Registrar. Baltimore Md

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-31-35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |

Other contributory causes of importance: ✓

Was an operation performed? No ✓ Date of ✓

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of Injury 8-31 1935

Where did injury occur? 1610 Pa Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck in street while crossing

Manner of injury Street

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? How specify .....

(Signed) Hubert Taylor Otto, M. D.
Coroner

(Address) 502 Park Ave

F 15609

F 15609

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline M. Fusting

(a) Residence: No. 216 W. Madison St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 6. 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 10 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME Charles T. Fusting

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

15. MAIDEN NAME Lillie Albert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frederick E. Fusting
(Address) 5105 Falls Road Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Sept. 1935

19. UNDERTAKER John C. Whitehill & Sons
(Address) 1900 Eutaw Place

20. FILED 9-1-1935 Attn: for Wm. A. Hoff

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1935, to Aug 24, 1935

I last saw h.. alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 6 00 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic C.V. disease | 1-1-35 |
| Coronary thrombosis | |

Other contributory causes of importance:
Essential hypertension.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Nelson Carey, M. D.

(Address) 1014 St. Paul St.

Carey

F 15610

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15610

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N. Central Ave Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Minia Colbert

(a) Residence: No. 641 N. Central Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Colbert

6. DATE OF BIRTH (month, day, year) 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. Co (State or country) Md

13. NAME Rufus Nicholas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Colbert

(Address) 641 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 9-2 35

19. UNDERTAKER Bryant Maude & Wright

(Address) 1218 N. Calvert St

FILED SEP 1935 19.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1935

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935 to Aug 30, 1935

I last saw her alive on Aug 30, 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Aug 3 |
| Interstitial Nephritis | 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S Allen M. D.

(Address) 507 Aisquith St

M. D. B. 1268-9

F 15611

F 15611

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Aves. St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George C. Walterhoefer

(a) Residence: No. 312 S. Franklintown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 16, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cable & Elec R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER FATHER

13. NAME Christian Walterhoefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Cremann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Freda Braunschmidt

(Address) 312 S Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 2, 1935

19. UNDERTAKER J. B. Kreiger & Son

(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935, to August 30, 1935

I last saw him alive on August 29, 1935. Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the stomach | 11/34 |
| Metastatic Carcinoma - generalized & cerebral | 6/35 |
| Other contributory causes of importance: | |
| anemia | 5 |
| cachexia | 5/35 |

Name of operation Exploratory gastroenterostomy Date of 2/8/35

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. C. Horan, M. D.

(Address) St. Agnes Hospital

F 15612

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15612

## CERTIFICATE OF DEATH

✓ 50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3631 Falls Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 55 mos. 11 ds. 10 How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Minnie D. Hill

(a) Residence: No. 3631 Falls Road St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George J. Hill

6. DATE OF BIRTH (month, day, year): Sept. 20-1879

7. AGE — Years: 55 Months: 11 Days: 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER FATHER

13. NAME: Horace Burgee

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Lida A. Hooster

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Horace F. Burgee
(Address) 3631 Falls Road

18. BURIAL, CREMATION OR REMOVAL
Place: Druid Ridge Date: Sept. 2, 1935

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

20. FILED: Hamilton Tom Williams, Registrar
by H.C.

F - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1935, to August 30, 1935. I last saw her alive on Aug. 30, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of R. Breast | Jan 1934 |

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 2-1935

For what disease or injury? Carcinoma of R. Breast

Name of operation Removal of Breast Date of 2-2-35

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davies, M. D.

(Address) 800 W 33rd St.

F 15613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15613

## CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Cecil Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Amanda Gray

If U. S. Veteran specify WAR No

(a) Residence: No. 1915 Cecil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. STATE WHETHER Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Alexander Gray

6. DATE OF BIRTH (month, day, year): Oct. 12 - 1842

7. AGE: Years 92 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME: William Underwood Guyton

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Ann Standiford

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Annie M. Scott 1915 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Sept. 2 19 35

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED 19 Registrar

SEP 1 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug. 31 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 19 35 to Aug 31, 19 35

last saw h alive on Aug 30, 19 35 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | 2 yrs |
| | |
| | |

Other contributory causes of importance:

Senility

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gunn, M. D.

(Address) 6 W Mt

M. D. B. 1268

F 15614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15614

## CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 N Washington St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Pauline Lay

(a) Residence: No. 15-16½ Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Leonhart Lay

6. DATE OF BIRTH (month, day, year) March 22 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Ehrst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christian

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irving Zinsmeister

(Address) 1516 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Dust - 2nd 30 Date Aug 31 1935

19. UNDERTAKER Kendall & Trumbower

(Address) 504 N. Broadway

20. FILED Aug 31 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 30 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to AUG 30 1935 19

I last saw her alive on Aug 24 1935. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Sclerosis | 1 yr. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 7 days |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Lloyd M. D.

(Address) 413 N Washington

F 15615

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Orleans St., 6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. W. Tarr

(a) Residence: No. 2513 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Tarr

7. DATE OF BIRTH (month, day, year) Sept 5 - 1868

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 66 | 11 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank-Lager 0011

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William J. W. Tarr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Wm R. Tarr
(Address) 2633 Cecil ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Sept 2nd 1935

19. UNDERTAKER Christian Miller & Son
(Address) 2334 Jefferson St

20. FILED 9-1-1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 23 - 1935 to August 30 - 1935

I last saw h[illegible] alive on August 29 - 1935. Death is said to have occurred on the date stated above, at 5.50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dilatation of Heart | 8-1933 |
| | |
| | |
| | |
| Other contributory causes of importance: Organic Heart Disease | unknown |

Name of operation ..... Date of .....

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Rolands, M. D.

(Address) 2532 Edmondson ave.

M. D. B. 1268-9

15616 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15616

CERTIFICATE OF DEATH ✓ 46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Guilford Ave. St. 12 Ward)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William James Bagwell

(a) Residence: No. 2208 Guilford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose M. Bagwell

6. DATE OF BIRTH (month, day, year) January 8, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 59 | 7 | 21 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1897

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John W. Bagwell

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary Connelly

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Rose M. Bagwell

(Address) 2208 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. 9-2-35, 19

19. UNDERTAKER Mary M. Wudefeld

(Address) 501 E. 22nd. Street

20. FILED 1935 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935 to Aug 28, 1935

I last saw him alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Diarrhea | |
| Other contributory causes of importance: Cerebral Embolus Hemiplegia L. side Bedsore | |

Name of operation Resection bowel Date of 1921

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F J Kirby, M. D.

(Address) 110 E. North Ave.

M. D. B. 1938-9 F 15617 ✓ F 15617

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Lifetime

2. FULL NAME Lida B. Benedict

(a) Residence: No. 3713 Springdale ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benedict

6. DATE OF BIRTH (month, day, year): April 10-1863

7. AGE: Years 72 | Months 4 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. maryland

13. NAME: Wm H. Boyd

14. BIRTHPLACE (city or town) (State or country): Balto.

15. MAIDEN NAME: Sarah E. Jackson

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Wm. H. Boyd

(Address) 3801 Forrest Park Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem. Date Sept. 3 1935

19. UNDERTAKER: Chas. F. Mauser & Son

(Address) 113 W. Mt. Royal ave

20. FILED 1-1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 1 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1935 to Sept. 1 1935

I last saw her alive on Sept. 1 , 1935 Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 1935 Jan |
| Bronchial Pneumonia | 8-27-35 |

Other contributory causes of importance:

Senility

Generalized Arterio-Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis G. Cleveland M. D.

(Address) Saint Agnes Hospital

F 15618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Dolfield St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Edward Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. 3815 Dolfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| M. | W. | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa L. Hoffman

DATE OF BIRTH (month, day, year) Nov 11, 1883

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 62 | 9 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1030

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Daniel Hoffman. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Ann M. Harding.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Melissa L. Hoffman (Address) 3815 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Sept 2 1935

19. UNDERTAKER Emanuel Bros. (Address) 3615-17 Chestnut Ave

20. FILED Sept 3 1935 Huntington Williams M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to Aug. 30, 1935

last saw him alive on Aug. 30, 1935 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Both Lungs | About 8 mos. |
| Other contributory causes of importance: Bronchopneumonia Tuberculous Laryngitis. | about 2 days |

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kenneth Lovell M. D.

(Address) 2705 Liberty Heights Ave

15619 ✓ F 15619

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 W 41st St. St. 13 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Louis H. Ambrose.

(a) Residence: No. 1330 W 41st St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower. |

If married, widowed, or divorced HUSBAND of (or) WIFE of (Late) Mary E. Ambrose

DATE OF BIRTH (month, day, year) April 9, 1854

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 4 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ezekiel Ambrose.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Wilson.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Emma Holiday.

(Address) 1330 W 41st St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 2, 1935

UNDERTAKER Clinnowell & Son

(Address) 3615-17 Chelmut Ave

FILED - 1935 ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ✓ Feb 1st, 1931, to Aug 30th, 1935, last saw him alive on Aug 30th, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Prostate. Complicated with Bronchopneumonia | 3 1/2 yrs and 10 days |

Other contributory causes of importance: Senility, Arterial Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical & Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. G. Lucas, M. D.

(Address) 3615 Fairs Rd Baltimore Md

F 15620 ✓ F 15620

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John Joseph Lease
(a) Residence: No. 1919 Homewood Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) April 28, 1928

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 7 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME August L. Lease
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Lydia Magrogan
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Parents
(Address) 1919 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 9/2/35

19. UNDERTAKER Leonard Rusk
(Address) 5421 Walford Rd

20. FILED 9-2-1935 Harry Feldman Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/35

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Aug 31, 1935
I last saw him alive on Aug 30, 1935 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute anterior poliomyelitis | 8 28 35 |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Francis D Schwentker M. D.
(Address) Sydenham Hospital

M. D. B. 1968-9 F 15621 ✓ F 15621

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 N. Schroeder St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Queen Sr.

(a) Residence No. 637 N. Schroeder St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bell Queen

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 58 (59) | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Alexander Queen

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Bell Queen

(Address) 637 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem. Date: 9/1 1935

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED: Aug 31 1935 Hamilton Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 . 1935 . to Aug 30 . 1935

I last saw him alive on Aug 21 . 1935 . Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Insufficiency | ? |
| Valvular Cardiac Dis. | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1063 Myrtle Ave.

M. D. B 1268-9

15622 E 15622

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mary Hosp. St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Robert Carroll
(a) Residence: No. 214 E. 27th St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Carroll

7. DATE OF BIRTH (month, day, year) Jan. 10 1875

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 9 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.P.R.R.
10. Date deceased last worked at this occupation (month and year) 9/1/35
11. Total time (years) spent in this occupation 40 yrs.
12. BIRTHPLACE (city or town) (State or country) Belair Md.
13. NAME Patrick J. Carroll
14. BIRTHPLACE (city or town) (State or country) Balto. County
15. MAIDEN NAME Mary A. Bannon
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Daniel H. Carroll Jr P
(Address) 102 Beaumont Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Bel Air Md Date Sept 3, 1935
19. UNDERTAKER Degen & Foster Bel Air Md
(Address)
FILED SEP 2 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1, 1935
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:55 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilitation | 9/1/35 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no
(Signed) Orrin B. Wallace M. D.
(Address) 1031 St. Paul St.

H. D. B. 1268-9

F 15623

303349 Re 15623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cleveland Kelley

(a) Residence: No. 5124 B. St. S.E. St., ..... Ward.
(Usual place of abode) Washington D.C. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-24-23

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 12 | — | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME William Kelley

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Melvina Bratton

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Washington D.C. Sept 1 1935
Place Date 19

19. UNDERTAKER Brewer & Brumley
(Address) 815 Druid Street

20. FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1935 to Aug. 31 1935

I last saw h.. alive on Aug 31 1935 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic heart disease | 1928 |
| Myocardial failure— | |
| Attacks ever since | 1928 |
| Present attack of 2wk. duration | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

15621

F 15624

# HEALTH DEPARTMENT—CITY OF BALTIMORE

210-M

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Univ. Hospital St. 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Anthony Parker Jordan

(a) Residence: No. 116 N Bond St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 23 - 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 17 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Helper - Hauling Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 8/29/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Jordan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Estella Veal

16. BIRTHPLACE (City or town) (State or country) Balto Md.

17. INFORMANT (Address) Mrs Katie Veal 111 N Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 2, 1935

19. UNDERTAKER Mrs Kate R. Williams (Address) 322 S Schroeder St.

20. FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fire shock | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? — Date of ...

Name of operation — What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29, 1935
Where did injury occur? Redwood & Penn Sts
Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) Street
Manner of injury Struck by auto truck
Nature of injury Multiple fractures of skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Wm. Gilbert Hutt, M. D. Coroner
(Address) 5 E. Saratoga St.

M. D. B 1268-9

15625

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... DK

2. FULL NAME James Andrews

(a) Residence: No. 437 S Exeter St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White Russ | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Don't Know

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper Dish washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Rooms

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

MOTHER FATHER

13. NAME Mark Andrews

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Sam Andrews

(Address) 428 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 2 1935

19. UNDERTAKER Fred W. Orazewski

(Address) 1930 Eastern Ave.

20. FILED 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27-35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured fractured skull | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Acc Date of injury 8-27 . 1935

Where did injury occur? Lexington & Exeter Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck while crossing street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signature) Hubert A. Gurley Jr. M. D. Coroner

(Address) 1402 Park Ave

M. D. B 1263-9

5626

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15626

## CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Furrow St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret M. Lambert

If U. S. Veteran specify WAR .....

(a) Residence: No. 222 Furrow St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Lambert

6. DATE OF BIRTH (month, day, year) Sept. 30-1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 11 | 0 | 1 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John F. O'neill

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret M O'neill

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John W. O'neill
(Address) 222 Furrow St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/3 1935

19. UNDERTAKER J. M. Kirwan & Son
(Address) 1911 Druid Hill Ave.

20. FILED Sept 3 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31-1935 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above, at 2. A M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Aug 31 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Sudden death Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

15627 ✓ F 15627

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1905 Linden ave St. ..... Ward)
Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Buslik

(a) Residence: No. 1905 Linden ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Buslik

DATE OF BIRTH (month, day, year) 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Christian Copelick
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rachael Gurfl
16. BIRTHPLACE (city or town) (State or country) Russia
INFORMANT Nathan Buslik
(Address) 1905 Linden ave
BURIAL, CREMATION, OR REMOVAL
Place Mt Lauel Date 9-27-35 19
UNDERTAKER Sol Levin Inc
(Address) 1739 E Baltimore St.
FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4:30 P m

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....
(Signed) ..... Coroner, M. D.
(Address) 121 Hanover

D. B 1268-9

15628 E-15628

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH University Hospital 4
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred About 23 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ada Adelaide Ross

(a) Residence: No. Delight Road, Delight, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Miles W. Ross

DATE OF BIRTH (month, day, year) ---------

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 77 | --- | --- | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Spring

14. BIRTHPLACE (city or town) ---------
(State or country) Ireland

15. MAIDEN NAME Elizabeth Goldsmith

16. BIRTHPLACE (city or town) ---------
(State or country) Ireland

INFORMANT Mrs. Mary L. Banfield
(Address) Washington, D. C.

BURIAL, CREMATION, OR REMOVAL
Place St. John's Cem. Date 9/2 19 35

UNDERTAKER Emory U. Mears & Son
(Address) 508 N. Calvert St.

FILED 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Ft + Lft femurs | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 8/31 1935
Where did injury occur Rowland Road (County)
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Highway
How injury occurred: Struck by auto while walking
Nature of injury: Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

Signed Harold Goodall Hyde (Brown) M. D.
Coroner
(Address) 502 Park Ave

5629 F 15629

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Lehmuth

(a) Residence: No. 2203 Ashton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 15, 1919

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 | 11 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William C. Lehmuth

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Irene Blandner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Parents

(Address) 2203 Ashton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 2, 1935

19. UNDERTAKER Harry H Witzke

(Address) 4101 Monumental Ave.

20. FILED Aug 31 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1935, to Aug. 31, 1935

I last saw him alive on Aug. 31, 1935 Death is said to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | Aug. 15 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Lepler Jr., M. D.

(Address) Lyndenham Hospital.

M. D. B. 1268-9

15630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15630

## CERTIFICATE OF DEATH

23

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Cumberland St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Smallwood

(a) Residence: No. 708 Cumberland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sydney Smallwood

6. DATE OF BIRTH (month, day, year) Mch. 15th 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 22 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Dalton Md.

MOTHER FATHER

13. NAME Ewell Rose

14. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Unknown Md.

17. INFORMANT Helen Rose
(Address) 708 Cumberland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 3 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston Ave Baltimore Md

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935 to Aug 30 1935

I last saw h[illegible] alive on Aug 29 1935. Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Lungs. | |
| Following Influenza | Jan 35 |
| Other contributory causes of importance: | |
| Nursing & Nearness to existing heart | 30 days |

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Aug. 30/35 If so, specify No

(Signed) E. E. Smith M. D.

(Address) 1605 N. North Ave.

M. D. B. 1268-9

15631

✓ F 15631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Baltimore, Md

CITY OF BALTIMORE: (No. 2011 Brunt St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Jones

(a) Residence: No. 2011 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | Married |

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ John Jones

6. DATE OF BIRTH (month, day, year) 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co, Md

FATHER

13. NAME John Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Jones
(Address) 2011 Brunt St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Sept 3 19 35

19. UNDERTAKER Thos E Kelson
(Address) 303 Pressman St

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1935 to August 31, 1935

I last saw her alive on August 30, 1935. Death is said to have occurred on the date stated above, at 12 45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | 10 Wks ago |
| (Coma) | |
| Other contributory causes of importance: | |
| Pneumonia | 3 mos |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. Donald Bando M. D.

(Address) 2445 Druid Hill Ave, Balto

M. D. B. 1268-9 F 15632 ✓ F 15632

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 94-B Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St., 11 Ward)

Length of residence in city or town where death occurred 11 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Archibald Little

(a) Residence: No. Darlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widower

6. DATE OF BIRTH (month, day, year) Nov. 18 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 9 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. State Roads

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland Md

MOTHER FATHER

13. NAME Robert Little

14. BIRTHPLACE (city or town) (State or country) Ireland Md

15. MAIDEN NAME Anne E Hamilton

16. BIRTHPLACE (city or town) (State or country) Ireland Md

17. INFORMANT Hospital Records,
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Darlington Md Date Sept 5, 1935

19. UNDERTAKER H. D. Bailey
(Address) Darlington, Md

FILED 2-1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 8.30 p.m.

The principal cause of death and contributory causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 12 S. Hanover

F15633

M. D. B. 1268-9

F15633 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F15632

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warren Dick

(a) Residence: No. Samuel Ind. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13, 30

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 1 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Royle, Dick

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Henrietta House

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Francis Bramble
(Address) Samuel Md

18. BURIAL, CREMATION, OR REMOVAL

Place Long Hill Cem. Date Sept. 5, 1935

19. UNDERTAKER The Wood Mtg Co.
(Address) Samuel Md.

20. FILED SEP 3 - 1935 Hunter Foge Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1935 to September 2, 1935

I last saw h.. alive on September 1 1935 Death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mastoiditis | 9/11/35 |
| Labial Sinus Thrombosis | |
| Septicemia | |

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 12/12/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Hanzait M. D.

(Address) Harvard Hospital

F 15634

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15634

✓ 18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clifton Bittle

(a) Residence: No. 3406 E Pratt St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Bittle

DATE OF BIRTH (month, day, year) Feb 9. 1905

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 6 | 23?? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 802

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Bittle

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Virginia Howard

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 3 . 1935

19. UNDERTAKER John Ulrich
(Address) 2002 Eutaw St

20. FILED SEP 5 - 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 Aug 29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 . 1935 to Sept 1 . 1935

I last saw h.. alive on Sept 1 . 1935 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | 8-22-35 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving D. Schwentker M. D.

(Address) Sydenham Hospital

M. D. B. 1265-B

F 15635

F 15635

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peggy Franklin

(a) Residence: No. 1817 Lemmon St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 11/7/34

7. AGE — Years: — Months: 9 Days: 24 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md —

13. NAME: Thomas Franklin

14. BIRTHPLACE (city or town) (State or country): Providence

15. MAIDEN NAME: Thelma Braydner

16. BIRTHPLACE (city or town) (State or country): Md —

17. INFORMANT: Reeds —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Sept 3, 1935

19. UNDERTAKER: John Ulrich

(Address): 2201 Eutaw St.

20. FILED: Sept 3 - 1935 Attorney for Williams M.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935, to Aug 31, 1935

I last saw her alive on Aug 31, 1935. Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lupus Vulg | about 1½ mo |

Other contributory causes of importance: over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reed A Reeds, M. D.

(Address) Johns Hopkins

F 15636

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15636

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Dutton, 2601 Brooklyn St.

(a) Residence: No. JOHNS HOPKINS HOSPITAL St., ... Ward. Md. D. C. & W. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | — |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 6th 35

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| — | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John -

14. BIRTHPLACE (city or town) (State or country) Maryland -

15. MAIDEN NAME Ollie Hawkins -

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 9-3 1935

UNDERTAKER Bryant Maggill & Wright

(Address) 1200 N. Calvert St

FILED 9-3-1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th 1935 to Sept. 1st 1935

I last saw he alive on Sept. 1 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia (B Coli communis) Peritonitis, generalized | Aug. 25th |
| | Aug. 30th |

Other contributory causes of importance:

Carcinoma cervix. 8-22

Was an operation performed? [redacted] Date of [redacted]

For what disease or injury? [redacted]

Name of operation [redacted] Date of [redacted]

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins

M. D. P. 1268-5 15637 F 15637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Foechel

(a) Residence: No. 520 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank P. Foechel

7. DATE OF BIRTH (month, day, year) May 23-1884

| AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 51 | 3 | 9 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles E. Powell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Gary

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Frank P. Foechel

(Address) 520 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Sept. 4 - 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 703 E Fayette St.

20. FILED Sept 4 1935 Harry Fox Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 8 - 27 - 1935 to 9 - 1 - 1935

I last saw her alive on 8 - 31 - 1935 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Blood N.P.N. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Magruder, M. D.

(Address)

H. D. B. 1268-9

15638 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15638

97

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Richardson St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 42 yrs. ---- mos. ---- ds.

2. FULL NAME Konstanty Pietrowicz.

(a) Residence: No. 1440 Richardson St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Widower |

3. If ~~MARRIED~~ widowed, of ~~WIFE~~ HUSBAND of ~~XXXXXX~~ Alexandria Pietrowicz.

DATE OF BIRTH (month, day, year) Do not know.

| AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | ---- | ---- | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT William Pietrowicz. (son)

(Address) 1440 Richardson St.

BURIAL, CREMATION, OR REMOVAL Place ST. STANISLAUS Date Sept 4 1935

UNDERTAKER George A. Weber

(Address) 751 E. Lanvale St.

FILED ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify) .....

(Signed) Otto Gustav Eisenhardt M. D.

Coroner

9/3/35 (Address) 1017 E. Charles St.

M. D. F 15639 F 15639

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 S. Decker Av St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Katherine Zubrowski If U. S. Veteran specify WAR .....

(a) Residence: No. 1237 S. Decker Av St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Feb 5. 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | 6 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph Zubrowski

14. BIRTHPLACE (city or town) Balt (State or country) Md

MOTHER

15. MAIDEN NAME Helen Zyglarski

16. BIRTHPLACE (city or town) Balt (State or country) Md

17. INFORMANT Joseph Zubrowski (Address) 1237 S. Decker

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Sept 4. 1935

19. UNDERTAKER George G Weber (Address) 701 E Lanvale St

20. FILED 3-1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute enterocolitis | |

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 15640

15640 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Beaumont Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Tilden Kelbaugh

If U. S. Veteran specify WAR

(a) Residence: No. 711 Beaumont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Kelbaugh

6. DATE OF BIRTH (month, day, year): Dec. 27, 1876

7. AGE: Years 58 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

13. NAME: Thomas Kelbaugh

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Ara Etta Wilhelm

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mabel Kelbaugh

(Address) 711 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel, Baltimore Sept 3. 1935

19. UNDERTAKER: E. Leroy Stiffler, Inc.

(Address) 12 E. North Ave.

20. FILED: 8-1935, 19 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug-31-, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2-, 1935, to Aug 31-, 1935

I last saw him alive on Aug 31-, 1935. Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Retro-Peritoneal Sarcoma - | 4/2/35 |
| Other contributory causes of importance: Myocarditis | 1 month |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North Ave

Spec.—9 30—A. & Co.—250 Bks.

F 15641

F 15641

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

13-B

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. 27 WARD)

2-FULL NAME Clarence Serene

(a) RESIDENCE NO. 5255 Linden Ave. ST. ..... WARD ..... X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | S |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 2, 1933

| 7 AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 3 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

10 NAME OF FATHER James L. Serene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Edna M. Mangum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant James L. Serene

(Address) 5255 Linden Ave

15 Filed ..... 1935 Huntington Williams, N.P. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-35

17

I HEREBY CERTIFY, That I attended deceased from 8-8, 1935, to 9-2, 1935

that I last saw him alive on 9-2, 1935

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Bacillary dysentery

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Culture of Stool

(Signed) George E. Burgtorf M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL Sept 3 1935

20 UNDERTAKER Wm. J. Tuchner & Son — ADDRESS North Pa

F 15642

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15642

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 Juniper Road St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Quarles McComas Sr.

(a) Residence: No. 3819 Juniper Road St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mav Yakel McComas

DATE OF BIRTH (month, day, year) Aug. 6. 1876

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 0 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Treasr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) Aug. 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George A. McComas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Nancy E. Blades

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Quarles McM Comas Jr.

(Address) 3819 Juniper Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 3. 1935

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna

20. FILED 9-1935 Herrington Williams M.D.

(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1935 to Sept 1 1935

I last saw him alive on Aug 30 1935 Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis generalized | |

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Dr. Frank D. Geraghty M. D.

(Address) 3047 St. Paul Street

F 15643

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15643

93-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Linden Ave. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugenia E.P.Satterwhite

(a) Residence: No. 1325 Linden Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Satterwhite

DATE OF BIRTH (month, day, year) Dec 25.1884

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 8 | 7. | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Arthur J.Pinner

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Nannie T. Eley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles E. Satterwhite
(Address) 1325 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Henderson N.C. Date Sept. 4. 1935

19. UNDERTAKER John O'Mitchell Sons
(Address) 1900 Eutaw Place.

20. FILED Sept 4 1935 Registrar. Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1935, to 8/31, 1935.

I last saw her alive on 8/31, 1935. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset June 1935

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State) —

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. D. Hubert, M. D.

(Address) 1403 Park Ave.

M. D. 0. 1269-39

F 15644

F 15644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 75

CITY OF BALTIMORE: (No. 1605 Spence St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorenz P. Feglay

If U. S. Veteran specify WAR

(a) Residence: No. 1605 Spence St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced — Husband of Lillian K. Feglay

6. DATE OF BIRTH (month, day, year) May 17 - 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rim Reductions

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper Gas Co.

10. Date deceased last worked at this occupation (month and year) Aug 28 /35

11. Total time (years) spent in this occupation 3 mos

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME John Feglay

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Gertrude Schaffer

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Lillian K Feglay

(Address) 1605 Spence St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Sept 3 1935

19. UNDERTAKER Mr. & Mrs. John W. Tuffel & Son

(Address) 801 N. Gay St.

20. FILED 3-1935 By E. J. Will Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholic | |
| Poisoning Illuminating Gas | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy & Investigation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phelps, M. D. Coroner

(Address) 1939 Edmondson Ave.

F 15645 Aurelia Harris F 15645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ x 82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aurelia Harris
If U. S. Veteran specify WAR

(a) Residence: No. 300 Roberts Ave Catonsville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tivots Harris

6. DATE OF BIRTH (month, day, year) 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Va

13. NAME unk
14. BIRTHPLACE (city or town) (State or country) unk
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs. Harris
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Sept 4 1935

19. UNDERTAKER A. Dolphus Hilleary
(Address) 1600 Pennsylvania Ave

Filed SEP 3 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Sept 1 1935 |
| Other contributory causes of importance: Essential Hypertension | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation no Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S Allen M. D.
Coroner

(Address) 507 Augusta Ave.

F 15646

15646 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Homestead St St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles S. Rosensteel

(a) Residence: No. 806 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) Feb. 12, 1862

| AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 73 | 6 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME J. Leo Rosensteel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Miss C. Rosensteel

(Address) 806 Homestead St.

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 4 1935

UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

Huntington Williams, M.D.

Registrar.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935 to Sept 1, 1935

I last saw them alive on Sept 1, 1935 Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 12 hrs |
| Arterio Sclerosis | 22 |
| Hypertension | 20 |
| Other contributory causes of importance: Chronic Interstitial Nephritis | 2 Days |

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Unusual Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd

M. D. F. 68-9 F 15647

F 15647

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 15

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Potomac St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Biggerman

(a) Residence: No. 505 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Biggerman

7. DATE OF BIRTH (month, day, year) Dec. 7-1880

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 55 | 8 — | - 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Fred Nelka

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Przentelewska

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Rutkowski

(Address) 505 S. Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept 7 1935

19. UNDERTAKER F. W. Ozgazewski

(Address) 1930 Eastern Ave

1935 Huntington Avenue Cemetery

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 - 1935 to Aug 31 - 35, 1935

I last saw h... alive on Aug. 31 - 1935. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia - Pelvic Cellulitis | Aug 10 '35 |
| Erysipelas of Leg | |
| Acute Dilatation of Heart | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris J. Goldberg M. D.

(Address) 6016 Eastern Ave

H. D. P. 1268-9

F 15648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15648

## CERTIFICATE OF DEATH

✓159

1. PLACE OF DEATH Bon Secours Hospital. Registered No.

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Reibold

(a) Residence: No. 309 Wyman Park Drive Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race. | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 1 1935

| AGE | Years | Months | Days | If LESS than 1 day... hrs. or... min. |
|---|---|---|---|---|
| | | | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Wm. E. Reibold

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Bertha Leonberger

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Wm. E. Reibold

(Address) 309 Wyman Park Drive

BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Sept 3, 1935

UNDERTAKER Edmondson Bros

(Address) 3615-17 Clinton Ave

FILED Sept 3 1935 Huntington Williams, M.D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Sept 1 1935.

I last saw him alive on 9-1- 1935 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Separation of Placenta | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel J. Shanahan M. D.

(Address) Bon Secours Hospital

F 15649

F 15649

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Latonia Rd St., 37 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Schwarzkopf

(a) Residence: No. 2601 Latonia Rd St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Schwazkopf

DATE OF BIRTH (month, day, year) Dec. 1, 1856

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 9 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Catherine Wolff
(Address) 2601 Latonia Rd.

BURIAL, CREMATION, OR REMOVAL Oaklawn Cem Date Sept. 4/35 19
Place

UNDERTAKER Leonard J. Rueb
(Address) 5305 Harford Rd.

FILED 9-1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1/35 to Sept 1/35. 19 35
I last saw her alive on Sept 1/35. 19 35. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | May 35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ..... 19.....

Where did Injury occur? none
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury none

Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 5706 Harford Road.

M. D. P. 126-9

E 15650

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15650

## CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linwood Hgts St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Horace T. Gray

(a) Residence: No. 3103 Westfield Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fanny Van McClean

7. DATE OF BIRTH (month, day, year) May 26 1873

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | 3 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William T. Gray

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Fanny E Baker

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Fanny T. Gray
(Address) 3103 Westfield Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Cemy Date Sept 4 1935

19. UNDERTAKER Leonard J Burch
(Address) 1305 Harford Rd

FILED SEP 3 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from August 29 1935 to Septembr 1 1935

I last saw h im alive on September 1 1935 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | Aug 29 |
| Peritonitis | Aug 29 |

Other contributory causes of importance:

Name of operation Partial appendectomy Date of Aug 29

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Paul Schmidt M. D.

(Address) University Hospital

15651 15651

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

Registered No.

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 11 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME A Crawford Smith

If U. S. Veteran specify WAR

(a) Residence: No. 724 St Johns Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

DATE OF BIRTH (month, day, year): 9-18-87

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 11 | 14 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ao 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto md

13. NAME A Crawford Smith

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME Dora albert-

16. BIRTHPLACE (city or town) (State or country): md

INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Sept 4 1935

UNDERTAKER: Henry W. Trubis Sons Co

(Address) McCulloh & Eutaw

FILED: Huntington Williams, Mgr

SEP 3 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1935, to Sept 2, 1935

I last saw him alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Bladder Secondary metastasis to Brain | 1st 1935 |

Other contributory causes of importance:

Was an operation performed? Yes Date of August 25, '35

For what disease or injury? Carcinoma Bladder

Name of operation: Left Ureterostomy Date of 8-25-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Kimball, M. D.

(Address) The Johns Hopkins Hospital

F 15652

F 15652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.35ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME William Koerner Jr

If U. S. Veteran specify WAR.....

(a) Residence: No. 921 N. Kresson St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married~~, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7-28-35

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | 1 | 35 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — child

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Koerner

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Emma Lenz

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mother

(Address) 921 N. Kresson St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am. Date Sept. 4, 1935

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

FILED 1935, 19.....

Huntington Williams, M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1935, to 9-2, 1935

I last saw him alive on 9-2, 1935. Death is said to have occurred on the date stated above, at 10:55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 8-31-35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Otitis media | 8-10-35 |
| Diarrhea | 8-25-35 |

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.....

(Signed) R B Dorsey, M. D.

(Address) Baltimore City Hosp.

F. D. 15653

F 15653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard G. Willine

(a) Residence: No. 2809 Grindon Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. nee Wetzel

DATE OF BIRTH (month, day, year) Apr. 27, 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 4 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cemetery Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) May 20, 1935

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Willine

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Anna Willine

(Address) 2809 Grindon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept. 4 1935

19. UNDERTAKER Frederick Lanahan

(Address) 7401 Belair Road

20. FILED 2-1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1935 to Sept 1, 1935

I last saw him alive on Sept 1, 1935 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Empyema - | |
| Lung Abscess | |
| | over |

Other contributory causes of importance:

Myocardial Failure

Name of operation Thoracotomy Date of Aug 28

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Cohen M. D.

(Address) University Hospital

M. D. B. 12697 F 15654

F 15654

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Overlea Ave. St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME G. Harry Nelker

(a) Residence: No. 4012 Overlea Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice S. Nelker

6. DATE OF BIRTH (month, day, year): Dec. 29th 1869

7. AGE — Years: 65 | Months: 8 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fibre Goods

10. Date deceased last worked at this occupation (month and year): Aug. 20 1935

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME of father: August A. Nelker

14. BIRTHPLACE (city or town) (State or country): Unknown Germany

15. MAIDEN NAME of mother: Caroline E. Meyer

16. BIRTHPLACE (city or town) (State or country): Unknown Germany

17. INFORMANT: Alice S. Nelker
(Address) 4012 Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cemetery Date: Sept. 4th 1935

19. UNDERTAKER: Frederick Funeral Home
(Address) 1601 Eastern Ave.

FILED: Sept 3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from August 31st 1935 to Sept 1st 1935

I last saw h... alive on Sept 1st 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Sept 1st |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Chronic Myocarditis | 1930 |
| Chronic Endocarditis | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward Hanson M. D.

(Address) 1 W. Overlea Ave

M. D. B. 1268

F 15655

F 15655

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Robb

(a) Residence: No. Stemmers Run, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Robb

DATE OF BIRTH (month, day, year) Sept. 7, 1874

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 11 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware & Paints

10. Date deceased last worked at this occupation (month and year) May 30, 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Wenzel Robb

14. BIRTHPLACE (city or town) Unknown
(State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Austria

INFORMANT Mrs. Ida B. Robb
(Address) Stemmers Run, Md.

17. BURIAL, CREMATION, OR REMOVAL
Place Zion Luth. Cem. Date Sept. 5, 1935

UNDERTAKER Frederick Loose & Son
(Address) 7401 Belair Road

FILED 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1935 to September 2, 1935

I last saw him alive on September 2, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of larynx | — |
| Hemorrhage - erosion of blood vessel with | |
| Asphyxia - | Sept. |

Other contributory causes of importance:

Name of operation Laryngectomy Date of Sept. 1935

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Hazard, M. D.

(Address) University Hospital

M. D. B. 1268-9 F 15656 ✓ F 15656

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH Johns Hopkins Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle Brooks
if U. S. Veteran specify WAR

(a) Residence: No. 1112 N. Mulberry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | C | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Brooks

7. DATE OF BIRTH (month, day, year) Dec 31 1878

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 8/31/35

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME of Father Brooks

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of Mother Mary ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Estelle Brooks

(Address) 1112 N. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 9/7/35

19. UNDERTAKER Frances G. Hemley

(Address) 578 W. Biddle St

20. FILED 1935, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH 11:55 P.M.

21. DATE OF DEATH (month, day, year) 8/31. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 | |
| Suicidal Shot | |
| 2 Lobar Pneumonia | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 8/31 1935

Where did injury occur? Jones Alley & Cantaloupe Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck by auto while crossing Rd

Manner of injury Highway

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Stanton Cole, M. D. Coroner

(Address) 5142 Park Hgts

D. B. 1268-9

F 15657

15657

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 n Carolina St., 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Elizabeth Gibson

(a) Residence: No. 622 n Carolina St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Gibson.

DATE OF BIRTH (month, day, year) May 1 1879

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 4 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Thomas Watkins

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Edgerton Saunders

(Address) 622 N Carolina St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/5 1935

UNDERTAKER Robert F. Young

(Address) 504 N. Fremont Ave Huntington Williams, D.

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1935 to Sept 1 1935.

I last saw her alive on Aug 31 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Aug 27 '35 |
| Other contributory causes of importance: | |

Name of operation none Date of .....

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S Allen M. D.

(Address) 507 Aisquith St

D. B 1268-9

F 15658

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15658

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 39 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Adam Schnitker.

(a) Residence: No. 3114 Elliott St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced, HUSBAND of (or WIFE of) Carrie Schnitker

6. DATE OF BIRTH (month, day, year) August 14, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 0 | 18 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumpsman, 5086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Schnitker.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Dayler.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Carrie Schnitker. (wife)

(Address) 3114 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL Emanuel Luth Cem Date 9/4/35, 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw Place

20. FILED 1935, 19 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Kentzel, M. D. Coroner

9/3/35 (Address) 1017 E. Charles St.

M. D. F. 1268-9

B 15659

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 15659

1. PLACE OF DEATH Johns Hopkins Hospital St., 15 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsworth Gatsin

(a) Residence: No. 1931 Selby Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | — |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 4/3/34

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 4 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Gatsin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Butler

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL Date 9/3/35 19

Place Mt. Calvary

UNDERTAKER George H. Pollard

(Address) 1631 Division St.

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1935 to Aug 31, 1935

I last saw him alive on Aug 31, 1935 Death is said to have occurred on the date stated above, at 7:25 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dysentery - type undetermined. | 13 days ago |

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ella Henriksen M. D.

(Address) Johns Hopkins Hosp

F 15660

M.O. B 1066

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH Fr. Square Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 409 N Paca St., 19 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stewart J. Snilder,

(a) Residence: No. 409 N Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Widower

6. DATE OF BIRTH (month, day, year) Aug 27 - 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 50 | 50 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): Aug 29

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Afton Ga.

MOTHER FATHER

13. NAME: Stewart Snilder

14. BIRTHPLACE (city or town) (State or country): Laurens South Carolina

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Laurens S. C.

17. INFORMANT: Dorothie Green
(Address) 404 N. Parrish st

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Zion Date: Sept 3 1935

19. UNDERTAKER: Joseph A Lively
(Address) 409 N. Mount Street

20. FILED Sept 3 1935 Wilmington Delaware

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot three Head & | Aug |
| Right humerus. | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes, (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury Aug 29, 19

Where did injury occur? 400 block Parrish st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Shot three head wds

Nature of injury Shot Pistol

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson

F 15661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15661

51-W

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward L. Crosswell

(a) Residence: No. 2922 Winchester St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married. |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie E. Crosswell.

DATE OF BIRTH (month, day, year) July 10, 1867

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 1 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Fairmont, Maryland

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Fairmont Maryland.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Fairmont, Maryland.

INFORMANT Hospital Records.

(Address) .....

BURIAL, CREMATION, OR REMOVAL Sept 9/3, 1935

Place Fairmount Mem. Park

UNDERTAKER Wm C. Byrd & Son

(Address) 1217 E. Fayette St.

FILED Sept 4 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935, to Sept 2, 1935

I last saw him alive on Sept 1, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypernephroma | Jan. 1935 |
| Metastases to lung | Unknown |

Other contributory causes of importance:

Was an operation performed? no. Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) H A de Sautelle M. D.

(Address) Baltimore City Hospitals.

D. B. 1268-9

F 15662

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15662

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Old York Rd. 9 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Harrington

(a) Residence: No. 3706 Old York Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE Margaret Harrington

DATE OF BIRTH (month, day, year) Aug 8-1868?

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67? | | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Wales.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Margaret Harrington

(Address) 3706 Old York Rd

BURIAL, CREMATION, OR REMOVAL

Date 9/6/35, 19

UNDERTAKER Leonard F. Brook

(Address) 305 Harford Rd

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from about 2 years, to, 19

I last saw h[illegible] alive on Sept 3, 1935. Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis | |
| | (over) |

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) H. G. Prentiss, M. D.

(Address) 634 Hanover Ave

M. D. B 1268-9

F 15663

15663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

207 M

1. PLACE OF DEATH on Pa. R.R. tracks about 200 ft. North. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Edmondson ave St., 16 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

if U. S. Veteran specify WAR

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Unknown |

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| about 35 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 207

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME U

14. BIRTHPLACE (city or town) U
(State or country)

15. MAIDEN NAME U

16. BIRTHPLACE (city or town) U
(State or country)

17. INFORMANT Records at N. W. Police Station
(Address) City

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 3 1935

19. UNDERTAKER Commissioner Health
(Address)

FILED 3-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck by Pa. R.R. train | |
| accidental death, | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury 8/23, 1935

Where did injury occur? on Pa. R.R. Tracks
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on Pa. R.R. Tracks about 200 ft North of Edmondson ave bridge

Manner of injury

Nature of injury Fractured skull L. leg

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) C. Hayes Coroner, M. D.

(Address) 1215 Hanover

H. D. F 1268-9

✓ F 15664

5664

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Female Infant Stewart

(a) Residence: No. 92 Dundalk St., Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) September 1, 1935

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 25 min. |
|---|---|---|---|
| 0 | 0 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Randolph Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Georgia Caroline Long

16. BIRTHPLACE (city or town) (State or country) Louisville Ky

INFORMANT Mrs. J. R. Stewart

(Address) 92 Dundalk Ave

BURIAL, CREMATION, OR REMOVAL

Place J H U Med College Date Sept 3 . 1935

UNDERTAKER

(Address)

FILED ..... Registrar.

1935 1580

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1 . 1935 to September 1 . 1935

I last saw her alive on September 1 . 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Asphyxia neonatorum | |
| 2. Pneumonia of new born | |
| 3. Ascites. | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H H Wagenseller, M. D.

(Address) St. Josephs Hospital

D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15665

## CERTIFICATE OF DEATH

158 F 15665

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mansion House
CITY OF BALTIMORE: (No. 2 Bond Druid Hill Park St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Arlen Porter

(a) Residence: No. 926 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| - | 1 | - | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
9. Date deceased last worked at this occupation (month and year) - 10. Total time (years) spent in this occupation -

11. BIRTHPLACE (city or town) (State or country) Baltimore Md
12. NAME Randall Porter
13. BIRTHPLACE (city or town) (State or country) Georgia
14. MAIDEN NAME Ruby Howard
15. BIRTHPLACE (city or town) (State or country) Mt Pleasant Georgia
16. INFORMANT Ruby Porter
(Address) 926 Madison ave

17. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Park Date Aug 16 1935
Body to be buried
18. UNDERTAKER by Barrow Co
(Address)
19. FILED 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heat Prostration | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Malnutrition | ? |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) [illegible]

1683

15666

02970

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15666

## CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Beck

(a) Residence: No. 1040 Somerset St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva

6. DATE OF BIRTH (month, day, year): 7-19-02

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 33 | 1 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Martin Beck

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Margaret ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Hill Cem. Date: Sept 5, 1935

19. UNDERTAKER: John O. Mitchell & Sons

(Address) 1900 Eutaw Pl

FILED: Sept 6, 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept- 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1935, to Sept- 3, 1935.

I last saw him alive on Sept 3, 1935. Death is said to have occurred on the date stated above, at 415 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute bacterial endocarditis, due to Strep. viridans. | July 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. R. Crossman, M. D.

(Address) The Johns Hopkins Hospital

H. D. B. 1268-9

✓ F 15667

5667

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 W. Pratt St. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. March.

(a) Residence: No. 1627 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed or divorced
HUSBAND of (or) WIFE of Charles P. March.

DATE OF BIRTH (month, day, year) June 20/1866.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 2 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work. 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Sheldon.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Welsh.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Charles P. March.

(Address) 1627 W. Pratt. St.

BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date Sept 4a, 1935

UNDERTAKER P. Schulman & Son

(Address) 1039 Hanover st

FILED 9-5-35 Harrington Phillips Asst. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935 to Sept 1—, 1935

I last saw her alive on Sept 1—, 1935 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus. | 1929 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Kelly Hemmeter M. D.

(Address) 2000 Hollins St

c.—2-29-28—L. F. S.—500 Bks.

S Slemaker

15668 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15668

CERTIFICATE OF DEATH 131

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1327 Webster ST., 24 WARD)

2—FULL NAME Mary Rose Slemaker

(a) RESIDENCE NO. 1327 Webster ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James Slemaker

7 DATE OF BIRTH (month, day, and year) May 3 - 1858

| 8 AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | 5 | 28 | |

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home maker

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Va.

11 NAME OF FATHER Everit Thom

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

13 MAIDEN NAME OF MOTHER Johanna Blocker

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Mrs Robert Maxwell

(Address) 327 Webster St.

Filed 1935 Huntington Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 / 35

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to Sept 1, 1935.

That I last saw her alive on Aug 30, 1935

and that death occurred, on the date stated above, at 3 00 m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypertension & nephritis

unknown (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Phys & Lab

(Signed) Thurlow Tyler, M. D.

9/3, 1935 (Address) 131 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 9/4 1935

20 UNDERTAKER L. F. McCully — ADDRESS 130 E. Fort

D. B. 1268-9

5669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15669

92-A

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH South Baltimore Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gilmore (Gilmore)

(a) Residence: No. 1617 Bree St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) March 17-1912

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 5 | 914 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

13. NAME Robert Gilmore

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME May Cooper

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

INFORMANT Mrs Margaret Waugh

(Address) 1617 Bell St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 4 19 35

UNDERTAKER Margaret E. Flynn

(Address) 1530 Light St.

FILED ..... 19 ..... Registrar.

T 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 14. 1935. to September 1. 1935

I last saw h.. alive on September 1. 1935 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic cardiac disease with heart failure and generalized congestion | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) William D. Wolf M. D.

(Address) South Baltimore Hosp

5670 ✓ 5670

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5160 Edmondson Ave 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Eugene Dennis

(a) Residence: No. 5160 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Dennis

DATE OF BIRTH (month, day, year) March 10-1898

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 38 ? | 5 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Matthew Dennis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary A. Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs Emma V. Dennis
(Address) 5160 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Sept. 4. 35, 19

UNDERTAKER Harry E. Flynn
(Address) 1417 Eutaw St.

FILED 1935 Wilkinson Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to September 1, 1935

I last saw him alive on August 15, 1935. Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Hypertension cardio-renal | |
| Uremic diarrhea | |
| Cerebral Hemorrhage | 9/1/35 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lurdan E. Stacy, M. D.

(Address) 6012 Edmondson Ave

M. D. B 1268-9

15671 F 15671

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 149B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred .....yrs. .....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Single

If U. S. Veteran specify WAR .....

(a) Residence: No. Edgemere St., ..... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Single

6. DATE OF BIRTH (month, day, year) March 25 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT James Single

(Address) Edgemere Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 9/8 1935

19. UNDERTAKER Rayne Sanders

(Address) 1443 E Preston St

20. FILED 1935 Sept 10 1935 Huntington Tipp Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 1 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pregnancy (Full term) | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Ruptured Uterus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Visual Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1917 E. North Ave

M. D. B. 1268-9

5672

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ E 15672

120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1342 Carroll St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Greta Staton

(a) Residence: No. 1342 - Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5.5.1933

AGE: Years 2 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Webster Staton

14. BIRTHPLACE (city or town) (State or country) Edgecombe Co. N. C.

15. MAIDEN NAME Mildred Brown

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard Brown

(Address) 1356 - Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 3, 1935

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 E Lanvale St

20. FILED Sept 3 1935 Kate R. Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8.31.35. 19

22. I HEREBY CERTIFY, That I attended deceased from 8.29.35. 19 to 8.31.35. 19

I last saw her alive on 8.31.35. 19 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Gastro-enteritis | 8.24.35 |
| b Peritonitis | 8.31.35 |
| c | |
| d | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Faire M. D.

(Address) 865 W. Lexington St.

1935

D. B. 1268-9

15673

✓ F 15673

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 E. Biddle St., 8 Ward)

Length of residence in city or town where death occurred 20 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Uhlik (UHLIK)

(a) Residence: No. 2705 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 15, 1914

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 20 | 8 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Emil Uhlik

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Setelik

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mary Uhlik

(Address) 2705 E. Biddle

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 19

UNDERTAKER Frank Groff Son

(Address) 906 Cobourg Ave

FILED 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to Sept 3, 1935

I last saw her alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 5 Mos |
| Other contributory causes of importance: Pulmonary Hemorrhage | 3 Days |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Cook M. D.

(Address) 413 Reservoir

M. D. B 1268-9

5671

✓ F 15674

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2218 Booth St.

CITY OF BALTIMORE: (No. 2218 Booth St. 70 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George A. Bearschmidt

(a) Residence: No. 2218 Booth St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ..... Single

6. DATE OF BIRTH (month, day, year) May 3 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 4 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Bearschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary M. Douglas

(Address) 2218 Booth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date Sept. 5 1935

19. UNDERTAKER George L. Lefevre

(Address) 1101 Frederick Ave.

20. FILED 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Sudden |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Myocarditis — Over

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos. J. Phillips, M. D.
Coroner

(Address) 1139 Edmondson Ave.

. D. B. 1268-9

E 15675

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-3

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jack Rosenstock

(a) Residence: No. Sinai Hospital Home St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, year) Dec 2/1865

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 9 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME Samuel Rosenstock

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Clara Feinberg

(Address) 3808 Edgewood Rd.

BURIAL, CREMATION, OR REMOVAL

Place Balt. Mem. Date Sept 4 1935

UNDERTAKER Arensberg

(Address) 2432 Eutaw Pl

FILED 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, 19..., to Sept. 3, 1935

I last saw him alive on Sept. 3, 1935. Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| Cardiac Insufficiency | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Cardiac Hypertrophy & Dilatation | |

Name of operation None Date of .....

What test confirmed diagnosis? By Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Linas, M. D.

(Address) Sinai Hospital

H. D. B 1268-9

F 15676

15676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

347-82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 9 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawnia Price

(a) Residence: No. 2833 Reese St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Widow Price

DATE OF BIRTH (month, day, year) 1898

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Woodstock Md

13. NAME Albert Young

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Evelyn Hopkins 2833 Reese St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/4 35 19

UNDERTAKER Wm. A. Jackson

(Address) 416 Pennsylvania ave Huntington West Virginia

FILED 9-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Sept 1 1935 |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Geo. J. Cullen, M. D.
Coroner

(Address) 50 Courtland St

M. D. B 1268-9

15677 F 15677

# 15677 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Marshall

(a) Residence: No. 952 N. Chapel St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Marshall

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Watts Ingram

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mamie Ingram

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Henry Marshall

(Address) 952 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Wadesboro NC, Date Sept. 3, 1935

19. UNDERTAKER Robert Williams

(Address) 1515 McElderry St

Huntington Williams Register

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

M. D. B. 1268-9 F 15678

F 15678

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 Ellicott Ave. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Howard

(a) Residence: No. 2924 Ellicott Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Ella E. Howard

DATE OF BIRTH (month, day, year) May 23-1878

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 3 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elec Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swift & Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Howard

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Hulse

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Ella E. Howard

(Address) 2924 Ellicott Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cem. Date Sept 4-35

UNDERTAKER F. B. Shubert & Son

(Address) 3300 Eastern Ave.

Plot 4 - 1935 Section 16 Lot 3

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25. 1935 to Sept 2. 1935

I last saw him alive on Sept 2. 1935. Death is said to have occurred on the date stated above, at 7. P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Aug 25 '35 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Leopold M. D.

(Address) 924 W Lombard St.

D. P. 1268-9

F 15679

15679

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Reisterstown Rd St. 15 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Joseph Siegel

(a) Residence: No. 3507 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Celia Siegel

DATE OF BIRTH (month, day, year): 1867

6. AGE: Years 68 | Months | Days | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cloaks

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Russia

12. NAME of father: Christian L. Siegel

13. BIRTHPLACE (city or town) (State or country): Russia

14. MAIDEN NAME of mother: Unknown

15. BIRTHPLACE (city or town) (State or country): Russia

16. INFORMANT: Dr. L. A. Siegel

(Address) 2309 Eutaw Place

17. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9/4/35 19

18. UNDERTAKER: Wm. H. Sisk Funeral Home Inc.

(Address) 1733 Pennsylvania Ave Huntington West Virginia

FILED 19

Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/35 19 to 9/3 19 35.

I last saw him alive on 9/1/35 19 . Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 9/1/35 |
| Bronchopneumonia | 9/2/35 |

Other contributory causes of importance:

General arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Zimberg M. D.

(Address) 2320 Eutaw Pl

F 15680

F 15680

B. 1289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Montebello Terrace 27 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine R. Hohmann

(a) Residence: No. 2824 Montebello Terrace St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Hohmann

DATE OF BIRTH (month, day, year) Sept. 21, 1869

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 11 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Shade

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mr. Wm. F. Hohmann

(Address) 2824 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Sept. 5 1935

19. UNDERTAKER Frederick Funeral Director

(Address) 3401 Belair Road.

20. Sept 4 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1930 to Sept 2nd 1935

last saw he alive on Sept 2nd 1935 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | 1930 |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Myocarditis | 1933 |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. L. Grady M. D.

(Address) 506 Harford Road

Spec.—2-29-28—L. F. S.—500 Bks.

F 15681 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15681

CERTIFICATE OF DEATH ✓ 107-a

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 3726 Greenmount Ave ST. 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Schamberger

(a) RESIDENCE NO. 3726 Greenmount Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie B. Schamberger

6 DATE OF BIRTH (month, day, and year) May 11th 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Grain Furnishings

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Andrew Schamberger

11 BIRTHPLACE OF FATHER (city or town) Bavaria
(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Engelhardt

13 BIRTHPLACE OF MOTHER (city or town) Bavaria
(State or country) Germany

Informant Annie B. Schamberger
(Address) 3726 Greenmount Ave.

Filed 9-4-1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1935

17 I HEREBY CERTIFY, That I attended deceased from July, 1935, to Sept 3, 1935, that I last saw h/M alive on Sept 3, 1935 and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) F. C. D. Wack, M. D.

, 19 (Address) 513 E. 39th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept. 6 1935

20 UNDERTAKER: Frederick Lessner Sons — ADDRESS: 700 Belair Rd.

F 15682

15682

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Union Memorial Hospital St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Josephine Baruch Rife

(a) Residence: No. 4504 Springdale Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Rife

ATE OF BIRTH (month, day, year) May 21, 1893

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 3 | 13 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 5037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank Baruch

14. BIRTHPLACE (city or town) (State or country) Paris Fr.

15. MAIDEN NAME Rachael H. Simmons

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

INFORMANT John W. Rife

(Address) 4128 Forest Park ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept. 5 1935

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Pl. Baltimore Md.

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10:30 Am Sept 3rd, 1935, to 12:40 pm Sept 3rd, 1935

I last saw her alive on Sept. 3rd, 1935. Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion & myocardial infarction; coronary sclerosis and hypertension. | Aug 25 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Hamburger Jr. M. D.

(Address) Union Memorial Hospital

F 15683

M. D. 3 1268-9

F 15683

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 183

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. found in Jones Falls at Pratt St. St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Charles Warren

(a) Residence: No. 1626 Bonnat St., ..... Ward.
(Usual place of abode) Barnes (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Warren

6. DATE OF BIRTH (month, day, year) Dec 26

7. AGE — Years 29 | Months 8 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint factory
10. Date deceased last worked at this occupation (month and year) May 1935 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Littleton (State or country) North Carolina

MOTHER'S MAIDEN

13. NAME Charles Warren
14. BIRTHPLACE (city or town) Littleton (State or country) N. C.
15. MAIDEN NAME Rachael Smith
16. BIRTHPLACE (city or town) Littleton (State or country) N. C.

17. INFORMANT Charlie Harris (Sister) (Address) 534 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lin Cemetery Date 9/ 1 1935

19. UNDERTAKER Mrs Pete Middleton & Mr Schneider & Co
(Address) 322 Huntington Ave

20. 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| drowning | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 31 1935.
Where did injury occur? found in Jones Falls at Pratt St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place
Manner of injury Unknown (probably accidental)
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Knight Coroner M. D.
(Address) 1016 S. Ellwood Ave.

D. B 1263-9

F 15684

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15681

## CERTIFICATE OF DEATH

✓ 82-a

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Streets

(a) Residence: No. 850 W. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1903

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) N.J.

. NAME NotKnown

. BIRTHPLACE (city or town) (State or country) NotKnown

. MAIDEN NAME Notknown

. BIRTHPLACE (city or town) (State or country) Notknow n

FORMANT Rob. Stewart
(Address) 804 W. Mulbery St

URIAL, CREMATION, OR REMOVAL
Place Johnson County Date 9/3 19 35

NDERTAKER Walter B. Sargent & Son
(Address) 134 W. Pratt St. Baltimore Md.

LED 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. I, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Williams M. D.
Coroner

(Address) 2707 W. North Ave

D. P. 1268-9

F 15685

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15685 ✓ 23

## CERTIFICATE OF DEATH

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3307 Glenn Ave. St., 27 Ward)

gth of residence in city or town where death occurred 26 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Hilda Thiman.

(a) Residence: No. 3307 Glenn Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

TE OF BIRTH (month, day, year) July 30, 1909

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 1 | 4 3 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME Jacob Thieman.

. BIRTHPLACE (city or town) (State or country) Russia.

. MAIDEN NAME Rebecca --------

. BIRTHPLACE (city or town) (State or country) Russia.

FORMANT Harry Thieman. (brother)
(Address) 3307 Glenn Ave.

URIAL, CREMATION, OR REMOVAL
Mount Lorel Cem. Date 9/6/35, 19...

NDERTAKER Reich Bros. Funeral Home, Inc.
(Address) 1437 E. Baltimore St.

LED 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis. | 2 yrs |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

Signed Otto M. Steinhardt, M. D.
Coroner

9/4/35 (Address) 1017 E. Charles St.

F 15686

F 15686

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 114-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. University St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard R. Webb

(a) Residence: No. Sykesville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Elma Webb

DATE OF BIRTH (month, day, year) 1898-7-2

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 37 | 2 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Nathan Webb.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elma B. Kessler.

16. BIRTHPLACE (city or town) (State or country) Fred. Co. Md.

INFORMANT (Address) Earl Webb. Mt. Airy, Md.

BURIAL, CREMATION, OR REMOVAL Place Mt. Hendree Cem. Sept-6-1935

UNDERTAKER (Address) C. M. Waltz. Hillsboro, Md.

FILED Sept 6 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8/24/35 . 19 ... to 9/3/35 . 19 ...

I last saw him alive on Sept 3 . 1935. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung abscess | 8/14/35 |
| Emphysema | |

Other contributory causes of importance: over

Name of operation Thoracotomy. Date of 9/1/35.

What test confirmed diagnosis? Thoracotomy. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... . 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John H. Warren . M. D.

(Address) Main St.

15687 HEALTH DEPARTMENT—CITY OF BALTIMORE 15687

# CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. # 828 Hollins St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine A. Simms

(a) Residence: No. # 828 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Robert K. Simms

DATE OF BIRTH (month, day, year) June 29, 1850.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 2 | 4 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fairfax Co, Va.

13. NAME Thomas M. Davis

14. BIRTHPLACE (city or town) (State or country) Fairfax, Va.

15. MAIDEN NAME Hem English

16. BIRTHPLACE (city or town) (State or country) Fairfax, Va.

INFORMANT Mrs Hannah H. Posey
(Address) #828 Hollins Street

BURIAL, CREMATION, OR REMOVAL
Place Pohick Cem Pohick Church Va, 9/6/1935

UNDERTAKER John J. Cowan & Son
(Address) #901 Hollins Street

FILED SEP 4 - 1935 19 Huntington Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935, to Sept 2, 1935

I last saw her alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 7.25 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Cerebral Hemorrhage | Aug 27 |
| Other contributory causes of importance: Pulmonary Edema | Sept 2 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. Harry Glassman, M. D.

(Address) 2623 W. Lafayette St.

...c.—8-16-29—L. F. S.—100 Bks.

F 15688

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15688

## CERTIFICATE OF DEATH

N 92-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 541 N Mount St ST. 19 WARD)

2—FULL NAME William Holly

(a) RESIDENCE NO. 541 N Mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Edna Holly

ATE OF BIRTH (month, day, and year) Dec. 1879

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 8 9 | — | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do do

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

IRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

0 NAME OF FATHER James Holly

1 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

2 MAIDEN NAME OF MOTHER Matilda Hullett

3 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

Informant Edna Holly
(Address) 541 N. Mount St
Huntington Hillcrest, Md.

F 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 3, 1935

17

I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935, to Sept 3, 1935, that I last saw him alive on Aug 30, 1935 and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
Aortic Insufficiency

(duration) yrs. 5 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

Sept 4 1935 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| W.M. Auburn | 9/6 1935 |
| UNDERTAKER | ADDRESS |
| Saml. W. Fraser & Son | 638 N. Eutaw |

...ec.—8-16-29—L. F. S.—100 Bks.

F 15689

15689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-a

REGISTERED NO.

1—PLACE OF DEATH
ITY OF BALTIMORE: (No. 26 E. 26th ST., 12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis M. Hawkins

(a) RESIDENCE NO. 26 E. 20th ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
...gth of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| ...EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| ...ale | Colored | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

...ATE OF BIRTH (month, day, and year)

| ...GE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 32 | 7 | 1 | |

...CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

...RTHPLACE (city or town) Baltimore Md.
(State or country)

0 NAME OF FATHER Samuel Hawkins

1 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

2 MAIDEN NAME OF MOTHER Mary Holloway

3 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Mrs Elizabeth Hawkins
(Address) 26 E. 26th

...ied Hastings Funeral Home Williams ...Agent
9-4-1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/2/35

17 I HEREBY CERTIFY, That I attended deceased from March 2 1935 to Sept 2 1935
that I last saw him alive on Sept 2 1935
and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

Sudden
(duration) 0 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy & Hypertension
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Sam'l Rawlings M. D.

9/4 1935 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cem. Co. 9/6/35

UNDERTAKER Mrs. Ver. N. Holland

DATE OF BURIAL 19

ADDRESS 1287 Druid Hill

15690 F 15690

# STATE OF MARYLAND—CERTIFICATE OF DEATH

✓ 131

**1. PLACE OF DEATH**

County ..... Registration Dist. No. 15

Village or City Baltimore No. 2513 Oswego Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Lizzie Horan If U.S. Veteran specify WAR ....

(a) Residence No. 2513 Oswego Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Horan

6. DATE OF BIRTH (month, day, and year): Dec. 15. 1873

7. AGE — Years: 61 — Months: 8 — Days: 19 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ....

10. Date deceased last worked at this occupation (month and year): ....

11. Total time (years) spent in this occupation: ....

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

13. NAME: John Batts

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Annie Yost

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Margaret Doyle 2513 Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Loyola Park Date Sept. 5, 1935

19. UNDERTAKER (Address): J. Francis Rose Westminster, Md

FILED ..... 19..... [illegible]

P 4 - 1935

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Sept. (Month) 3 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935, to Sept 3, 1935

I last saw her alive on Sept 3, 1935; death is said to have occurred on the date stated above, at 4 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia Coma | Sept 1 |
| Chronic Nephritis | Unknown |

Other **Contributory Causes** of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James E. Abelmont M. D.

(Address) 4017 Park Heights ave Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 15691

5691

## CERTIFICATE OF DEATH

✓ 18

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. University Hospital 4 Ward)

gth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vernon Brown

(a) Residence: No. 746 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| e | Col. | Single |

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 1934

| CE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 17 6 | 2 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Annapolis Md.
(State or country)

. NAME Chas Pindell

. BIRTHPLACE (city or town) Eastport Md.
(State or country)

. MAIDEN NAME Ethel Brown

. BIRTHPLACE (city or town) Annapolis
(State or country)

FORMANT Ethel Brown
(Address) Annapolis Md.

RIAL, CREMATION OR REMOVAL Annapolis Md.

Date Sept 4 19 35

NDERTAKER Bruce P. Hynson
(Address) 815 Druid Hill Ave.

LED 1935 Huntington Williams M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Sept. 2, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19..... to , 19.....

I last saw h..... alive on , 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epidemic Cerebrospinal Meningitis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19.....

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. R. Oldham M. D.
Coroner

(Address) 2737 N. Howard St.

M. D. B. 1268-9

15692 E 45692

# HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Miller

(a) Residence: No. 2450 Keyworth Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 67 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Multhaupt

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Deuptert

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cremate Date 9 - 35 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1315 E. Pratt St.

20. Filed 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11/35 19..., to 9/2/35 19 35
I last saw her alive on 8/31 1935 Death is said to have occurred on the date stated above, at 7:19 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension and Generalized arteriosclerosis | ? |
| Coronary occlusion | ? |
| | 9/2/35 |

Other contributory causes of importance:

Senile dementia

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I Whitney M. D.
(Address) St Agnes Hospital

D. B 1268-9

5693 E 15693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 186-a

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland General Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred [illegible] mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna B. James

(a) Residence: No. Masonic Home of Md., Cockeysville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Cooper James

ATE OF BIRTH (month, day, year) August 26, 1860

| GE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 75 | - | 7 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 1932

13. Total time (years) spent in this occupation 50 yrs

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

9. NAME William Bisson

10. BIRTHPLACE (city or town) Isle of Wight
(State or country) England

11. MAIDEN NAME Martha Travers

12. BIRTHPLACE (city or town) Fredericksburg
(State or country) Virginia

FORMANT Records of Masonic Home of Md.
(Address) Cockeysville, Md.

URIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept. 5 1935

NDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

LED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

I last saw her alive on [illegible], 19... Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Uraemic Convulsions and Fracture of Right femur

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury Feb 3 1935

Where did injury occur? Mitchell's Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place car

Manner of injury Fell

Nature of injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) C Hann M. D.
Coroner

(Address) 1215 Hanover St.

B. B. 1268-9

5694

F 15694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospital St., 8 Ward)

rth of residence in city or town where death occurred [illegible] yrs. 48 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary L. Shipley

(a) Residence: No. 1313 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rezin Shipley

ATE OF BIRTH (month, day, year) February 12, 1850

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | 6 | 21 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) near Emmittsburg
(State or country) Pennsylvania

3. NAME John William Bucher

4. BIRTHPLACE (city or town) Unknown
(State or country) Pennsylvania

5. MAIDEN NAME Sophia Schainebrook

6. BIRTHPLACE (city or town) Unknown
(State or country) Pennsylvania

NFORMANT Mrs. Ethel Levering
(Address) 1313 N. Broadway

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Sept. 6 19 35

NDERTAKER Ed H Cook
(Address) 1006 N. Baltimore St.

Washington Nathaniel Reg.
1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h.[illegible] alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | |

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

D. B. 1268-9

15695 ✓ E 15695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W. Hoffman St., 17 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vidah Clark.

(a) Residence: No. 508 W. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Alberta Clark.

6. DATE OF BIRTH (month, day, year) Jan 18th 1913.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 22 | 7 | 16 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month and year) 7/1935 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Mullen W. Va.

13. NAME Vidah Clark

14. BIRTHPLACE (city or town) (State or country) Keystone W. Va.

15. MAIDEN NAME Bell Fridey.

16. BIRTHPLACE (city or town) (State or country) Mullen W. Va.

17. INFORMANT Vidah Clark
(Address) 508 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Sept 5 1935
Place Mullens Date ... 19...

19. UNDERTAKER A. Holmes Halstead
(Address) 28 E. Lund Street Bullaker

1935 Huntington Williams Co. W. Va. Number.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3 1935

22. I HEREBY CERTIFY, That I attended deceased from August 11th 1935 to Sept. 3rd 1935
I last saw him alive on Sept. 3rd 1935. Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia. | 8/16/35 |
| Multiple Neuritis according to history. | 7/1935 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. T. Gussett M. D.

(Address) 522 N. Washington Ave.

. D. B. 1268-9

15696 ✓ F 15696

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 62

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

ITY OF BALTIMORE: (No.) Redwood & Greene Sts. (Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Barber

(a) Residence: No. 5 St Louis Mo. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | colored | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1906

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 29 | unknown | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Kansas City
(State or country) Missouri

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Marie Barber

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT Patient
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 4 1935

UNDERTAKER ...
(Address)

1935 Arrington Williams, Registrar.
1687

### MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Aug. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from August 8 1935 to August 27 1935
I last saw h~~im~~ alive on August 25 1935. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pellagra | unknown |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry M Robinson Jr. M. D.

(Address) University Hospital

sec.—1-12-23—M&T—500 Blks.

5697 F 15697

# HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

## CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1512 N. Dallas ST., 8 WARD)

2-FULL NAME Ernest Knox

(a) RESIDENCE NO 1512 N. Dallas ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| m | C | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 15, 1915

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 15 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer

BIRTHPLACE (city or town) (State or country) N. Hampton Va

10 NAME OF FATHER Henry Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Hampton Va

12 MAIDEN NAME OF MOTHER Jane Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Hampton Va

Informant Henry Knox Jr.
(Address) 1512 Dallas

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2 1935

17 I HEREBY CERTIFY, That I attended deceased from 8-27- , 1935, to 9-1- , 1935

that I last saw h e alive on 9-1- , 1935

and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) L. H. Walters M. D.

, 19 (Address) 1606 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery cemetery

DATE OF BURIAL Sept 4 1935

20 UNDERTAKER Edw Bryson

ADDRESS 1431 Gilmor st

c.--2-29-28—L. F. S.—500 Bks.

15698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15698

## CERTIFICATE OF DEATH

82-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 34 S Fulton ave ST., 19 WARD)

2—FULL NAME Annie L Gotshall

(a) RESIDENCE NO. 34 S Fulton ave ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

gth of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles a Gotshall

ATE OF BIRTH (month, day, and year) Sept 1. 1860

| E | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 75 | 74 | 11 | 27 | |

CCUPATION OF DECEASED

a) Trade, profession or particular kind of work. none

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

RTHPLACE (city or town) State or country) Pa.

0 NAME OF FATHER Anthm Shutt

1 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

2 MAIDEN NAME OF MOTHER Sarah Seleberger

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Charles a Gotshall

(Address) 34 S Fulton ave

File 1935 Huntington Williams 9/2 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935, to Sept 1, 1935, that I last saw her alive on Sept 1, 1935, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) E Myles Wheeler, M. D.

9/2, 1935 (Address) 2129 Westwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Holly Spring Pa.

DATE OF BURIAL Sept 3 1935

20 UNDERTAKER Harry H Witzke.

ADDRESS 1707 Edmondson ave

D. B. 1268-9

✓ F 15699

15699

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N Schroeder St., 16 Ward)

Length of residence In city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Lee McClain

(a) Residence: No. 916 N Schroeder St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Don't Know

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| About 25 | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Columbia S C

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Odell McClain
(Address) 916 N Schroeder St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 5 1935

UNDERTAKER Thos E. Kelson
(Address) 1303 Preston and St

FILED Sept 5 1935 Christine Miller Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Forabout 1 year 1934 to Sept 1 1935

I last saw h[illegible] alive on Sept 1 1935. Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | About 1 year |

Other contributory causes of importance:

Don't Know

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H K Johnson M. D.

(Address) 1111 Hartford Ave Balto Md

F 15700

15700

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3650 Elm Ave. St., 13 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No.

FULL NAME Howard Libby

(a) Residence: No. 3650 Elm Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced, HUSBAND of (or) WIFE of: Rosella J. Libby

DATE OF BIRTH (month, day, year): Oct. 6 1874

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 60 | 10 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Chambersburg Pennsylvania

13. NAME OF FATHER: Henry Libby
14. BIRTHPLACE (city or town) (State or country): Pennsylvania
15. MAIDEN NAME OF MOTHER: Caroline Smith
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

INFORMANT: Mrs Rosella J. Libby
(Address) 3650 Elm Ave

BURIAL, CREMATION, OR REMOVAL
Place: Chambersburg Pa. Date: Sept. 7 1935

UNDERTAKER: Horace F. Burgee
(Address) 3636 Elm Ave

FILED: 1935 ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 4. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1 1935 to Sept. 3 1935

Last saw h... alive on Sept 3 1935 Death is said to have occurred on the date stated above, at 9 05 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1930 |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 .....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur J Daves M. D.

(Address) 800 W 33rd St.

D. B. 1268-9

15701 V F. 15701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luigi Alessi

(a) Residence: No. 504 N. Collington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Vincenzina Alessi

DATE OF BIRTH (month, day, year) Aug 26, 1889

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Christopher Alessi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Casala

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife, Vincenzina Alessi

(Address) 506 Collington ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 5 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 2718 E. Balto st

20. FILED 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2 1935

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1935 to September 2, 1935

I last saw him alive on September 2, 1935. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Pneumonia. (Bronchial) | |
| 2. Asthma | |
| 3. Asthenia chronica | |
| 3. Chronic nephritis | |
| Other contributory causes of importance: | |
| 1. Chronic suppurative | |
| 2. Anaemia terminal | |

Name of operation V Date of V

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magnella, M. D.

(Address)

702
2183

✓ F. 15702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 124-a

## CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7 Ward)

gth of residence in city or town where death occurred ..... yrs. 1 mos 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... (Usual place of abode)

FULL NAME James Goldsmith

(a) Residence: No. Arenhill Pl. Prince George Co - Md - (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Married |

If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Marie Elis.

ATE OF BIRTH (month, day, year) 2/4/88

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 7 | | |

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md -

3. NAME Tarley

4. BIRTHPLACE (city or town) (State or country) Md -

5. MAIDEN NAME Ella Welch

6. BIRTHPLACE (city or town) (State or country) Md

NFORMANT (Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL Chapel Point Md. Sep 7 35

NDERTAKER Harper Funeral Co

Balto

1359

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to Sept 4, 1935

I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 12.35 P.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of the liver — Date of onset April '35?

Work

Other contributory causes of importance:

Was an operation performed? yes Date of 8-29-35

For what disease or injury? cirrhosis of liver

Name of operation OMENTOPEXY - Omentopexy Date of 8

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) E. W. Rossman, M. D.

(Address) The Johns Hopkins Hospital

D. B 1268-9

15703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 165

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1941 Mosher St., 16 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John C Gerbrick

(a) Residence: No. 1941 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced (write the word)~~ |
|---|---|---|
| Male | White | Single |

~~Married, widowed, or divorced~~ ~~HUSBAND~~ of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) Jan 1 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 25 | 8 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Wm H Gerbrick

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. MAIDEN NAME Katherine Petras

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. INFORMANT Wm H Gerbrick

(Address) 1941 Mosher St

16. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/5/35 19

17. UNDERTAKER William Doffe

(Address) 1217 St Paul St

18. FILED 1935 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ....., 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by hanging | |

Other contributory causes of importance:

Mentally deficient & segregated Personalities

Name of operation None Date of

What test confirmed diagnosis Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 3 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Hann Coroner M. D.

(Address) 1215 Saratoga St

F 15704

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 E North Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Caroline H. Morrison

(a) Residence: No. 1809 E. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | widowed |

If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Arthur E. Morrison

DATE OF BIRTH (month, day, year) Oct 4 - 1872

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 10 | 29 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1069

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co md.

13. NAME John J. Alexander

14. BIRTHPLACE (city or town) (State or country) Harford Co md.

15. MAIDEN NAME Laura Belle Harryman

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Laura Belle Glennon

(Address) 1809 E North Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 9/5/35 19

UNDERTAKER Williams Cook

(Address) 1217 St Paul St

FILED 19 Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Septbr 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18 1934 to Sept 3 1935

I last saw her alive on Septbr 2 1935 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | June |
| General Arteriosclerosis | 1934 |
| Arterial Hypertension | |
| Other contributory causes of importance Cardiac Dilatation | 2 days ago |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cassatly M. D.

(Address) 2025 North Ave

M. D. B 12614 F 15705 F 15705

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 5 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Essex

(a) Residence: No. E 12 Low St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Essex

6. DATE OF BIRTH (month, day, year) 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susie Essex

(Address) E 12 Low St.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemt Date 9-5-1935

19. UNDERTAKER Byron & James W. Wright

(Address) 1200 N. Gilmore St

FILED 9-5-1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 2 yrs |

Other contributory causes of importance:
Cardiac Failure - Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenten, M. D.
Coroner

(Address) 1914 E. North Ave.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15706

## CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 2002 N. [redacted] St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Benjamin Rudman

(a) Residence: No. 2002 N. Bentalou st., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Rudman

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 64 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tayler 1050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Bernard H. Rudman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Gordon

(Address) 2002 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Park Date 9/5/25

19. UNDERTAKER Geo. Lee Co.

(Address) 1439 E. Baltimore st

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/25. 19

22. I HEREBY CERTIFY, That I attended deceased from 7/4/25, 19, to 9/4/25, 19

I last saw h alive on 9/4 19 25. Death is said to have occurred on the date stated above, at 7 20 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 9/2/25
Hypertension
General arteriosclerosis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Finter, M. D.

(Address) 2320 Eutaw Pl.

F 15707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15707

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Madison Ave (Ward) 14

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1711 Madison Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Harris

DATE OF BIRTH (month, day, year) Dec 26-11

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 8 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'10

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Dinwiddie Va

(State or country)

13. NAME Andrew Johnson

14. BIRTHPLACE (city or town) Va

(State or country)

15. MAIDEN NAME Lilly Parham

16. BIRTHPLACE (city or town) Va

(State or country)

INFORMANT Frank Harris

(Address) 1711 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Dinwiddie Va Date 9-5- 1935

UNDERTAKER Chas H Alexander

(Address) 610 Druid Hill Ave

FILED 9-5-1935 Chas. F. Miller Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dysentery | Sept 1 1935 |
| Other contributory causes of importance: | over |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Official Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen, M. D.

Coroner

(Address) 509 Ainsworth St

F 15708

D. B. 1268-9

F 15708

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 China St., 22 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Miller

(a) Residence: No. 835 China St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write word) |
|---|---|---|
| male | Col | Widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Miller

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME John Gordon

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Walter B. Price

(Address) 139 W. Lesley St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date 9/6 19 35

UNDERTAKER Walter B. Price & Co.

(Address) 139 W. Lesley St.

FILED 9/6/35 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Sept 2, 1935

I last saw h.. alive on Sept 2, 1935 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

| | |
|---|---|
| Dropsy | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Hamburger M. D.

(Address) 201 E. Hamburg St.

F 15709

D. P. 1268-9 F 15709

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Pinewood Ave St. 27 Ward)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Levy

(a) Residence: No. 3715 Pinewood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Levy

DATE OF BIRTH (month, day, year): Jan. 19, 1889

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 46 | 7 | 16 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Frank Levy

14. BIRTHPLACE (city or town) (State or country): Bohemia

15. MAIDEN NAME: Anna Smrha

16. BIRTHPLACE (city or town) (State or country): Bohemia

INFORMANT: Catherine Levy

(Address): 3715 Pinewood Ave

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Sept. 7, 1935

UNDERTAKER: Frank Cvach & Son

(Address): 1906 Ashland Ave

FILED ... Deputy Registrar.

9 - 1933

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from about 1, 1935 to Sept 4, 1935

I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | about 1925 |
| Other contributory causes of importance: | |
| acute Myocarditis | Aug 20 35 |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Ryczek, M. D.

(Address) 801 N Kenwood

D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15710

F 15710

## CERTIFICATE OF DEATH

✓ 107-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 758 Waeschie St., 4 Ward)

th of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

FULL NAME Henry James Truesdale

(a) Residence: No. 758 Waeshie St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Col. | Single |

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 14, 1934

| E | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | | II | 19 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto. Md.
(State or country)

NAME Arthor Hollman

BIRTHPLACE (city or town) S.C.
(State or country)

MAIDEN NAME Ozbell Truesdale

BIRTHPLACE (city or town) Balto. Md.
(State or country)

FORMANT Ozbell Truesdale
Address) 758 Waeschie

RIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Sept 5, 1935

DERTAKER Mrs Kate R. Williams
Address) 322 N. Schroeder St.

LED Sept 5 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h.. alive on ..., 19... Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Catarrhal Pneumania | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. R. Williams M. D.

(Address) 2737 A. North Ave

F 15711

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15711

34-E-54-B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Daisey Sheckells

(a) Residence: No. 3502 Poole St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ William Sheckells

DATE OF BIRTH (month, day, year) Jan. 4, 1885

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 5 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 1086

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Geo. E. Switzer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Jennie Twilly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 7, 1935

UNDERTAKER Theodore Roosevelt Lee

(Address) 3615-17 Chestnut Ave

FILED Sept 7 1935 H. L. Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935 to Sept. 4, 1935

I last saw her alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 4:05 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilis, meningo-vascular | July 1934 |
| Transverse myelitis, syphilitic | July 1934 |

Other contributory causes of importance:

Myomata uteri

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals.

D. B 1268-9

15712 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15712

## CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph's Hospital St., 21 Ward)

gth of residence in city or town where death occurred 55 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Thomas Francis Leonard

(a) Residence: No. 3615 Brehms Lane St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Susie C. Leonard

6. DATE OF BIRTH (month, day, year) July 16, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 55 | 1 | 18 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder 1016

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Robert Meyers
(Address) 2818 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Sept. 7, 1935

19. UNDERTAKER John J. Denny
(Address) 715 Light St.

20. FILED 9-3-1935 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:10 A. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic Myocarditis

Chronic Interstitial Nephritis

Other contributory causes of importance:

Uremia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Rheuban, M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 15713

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15713

## CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 731 N. Sterling St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 731 N. Sterling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Manolia Johnson

6. DATE OF BIRTH (month, day, year) February 25, 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 6 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Daniel Johnson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

15. MAIDEN NAME Estelle Willis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Manola Johnson

(Address) 731 N. Sterling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 9/7, 1935

19. UNDERTAKER Robert H. Young & Co

(Address) 801 N. Carey St

Huntington Williams

1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | over |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

F 15714

1571 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Augusta Sanford

If U. S. Veteran specify WAR

(a) Residence: No. 3118 Baker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Sanford

DATE OF BIRTH (month, day, year) July 22, 1881

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 1 | 13 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1637

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Otis Worthington

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

15. MAIDEN NAME Eleanor Posey

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Husband

(Address) 3118 Baker St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 7, 1935

UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave

Huntington Pl Annex, Md

FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-14-35, 19, to 9-4-, 1935

I last saw h alive on 9-4-, 1935 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of skin | 1 yr ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Possible metastases to brain | 1 month ago |
| | |

Was an operation performed? Yes Date of 8-26-35 & 9-2-35

For what disease or injury? Removal of subcut. nodules

Name of operation Removal of subcut. nodules above Date of dates

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Weinglestein, M. D.

(Address) C/o Mercy Hosp.

M. D. B 1268-9

F 15715

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15715

131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital 4 Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Piper if U. S. Veteran specify WAR .....

(a) Residence: No. 638 West Lombard St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Piper

6. DATE OF BIRTH (month, day, year) Aug. 29th 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 0 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) Baltimore (State or country) Md,

13. NAME Edward Mullin

14. BIRTHPLACE (city or town) Winchester va. (State or country)

15. MAIDEN NAME Emma Kilpatrick

16. BIRTHPLACE (city or town) Winchester va, (State or country)

17. INFORMANT George B. Mullin

(Address) 2230 W Fayette Balto

18. BURIAL, CREMATION, OR REMOVAL 9/6

Place London Park Date 9 6 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts Baltimore, Md

19 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3rd 1935

22. I HEREBY CERTIFY, That I took charge of the deceased described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above. 8 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemirrhage | |
| in left brain. | |
| | |
| | |
| | |

Other contributory causes of importance:

Parenchymatous Nephritis,

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Paralysis of R. Side Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos. H Rhull Cor M. D.
Attending Physician or Coroner

(Address) 1939 Edmondson Ave

F 15716

15716 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospitals St., No Ward)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eugene Carter

If U. S. Veteran specify WAR.....

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| le | Colored | Single. |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1900 (?)

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 35(?) | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Carter

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Harriet Watty

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Irvington Va. Date 9/5/ 1935

UNDERTAKER Frances A Hemsley

(Address) 578 W. [illegible] Baltimore, Md.

SEP 5

[illegible] 19.....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1930 to Sept 2, 1935

I last saw him alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 10.50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Unknown |
| Tuberculous peritonitis | 9 years |
| Tuberculosis, miliary | June 1935 |
| Tuberculous meningitis (?) | Aug 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

D. B. 1268-F 15717

F 15717

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

PLACE OF DEATH

Registered No.

TY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 70 yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. John Goodwin

(a) Residence: No. 503 Aurora Ave. Terra Alta Ward. West Virginia

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Susanne Goodwin

DATE OF BIRTH (month, day, year) Nov. 4, 1865

| AGE 69 Years | Months 10 | Days 29 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 0 | | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

9. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Virginia.
(State or country)

13. NAME Mr. John Goodwin.

14. BIRTHPLACE (city or town) Maryland.
(State or country)

15. MAIDEN NAME Ethelrain Dudley

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Patient.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Terra Alta W. Va. Date Sept 9 1935

UNDERTAKER F. B. Hupperts Son
(Address) 1300 Eutaw Place

FILED SEP 9 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1935 to Sept. 5 1935

I last saw him alive on Sept. 5 1935. Death is said to have occurred on the date stated above, at 1:32 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of prostate | July 1935 |

Other contributory causes of importance:

Uremia.

Name of operation Conservative primal prostatectomy Date of 8-19-35
was elevation

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton T. Adams M. D.

(Address) Church Home & Inf.

F 15718 ✓ F 15718

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ray L. Fink If U. S. Veteran specify WAR no

(a) Residence: No. East Berkley W. Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Fonda Ross

7. DATE OF BIRTH (month, day, year) Feb. 2, 1909

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 26 | 7 | 2 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coke

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) West Virginia

14. NAME Walter Fink

15. BIRTHPLACE (city or town) (State or country) West Virginia

16. MAIDEN NAME Pearl Kelly

17. BIRTHPLACE (city or town) (State or country) West Virginia

18. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place East Beckley W. Va. Date Sept. 7, 1935

20. UNDERTAKER John O. Hutchens Sons

(Address) 1900 Eutaw Place

FILED 19 SEP 5 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1935 to Sept. 4, 1935

I last saw h[illegible] alive on Sept. 4, 1935 Death is said to have occurred on the date stated above, at 2:35 P m.

The principal cause of death and related causes of importance were as follows:

Blastomycosis (Systemic and cutaneous). — Date of onset Feb. 1935

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Edw. F. Thompson M. D.

(Address) The Johns Hopkins Hospital

E 15719

F 15719

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 522 S. Broadway St., 7th Ward)

gth of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Kate Wenzel

If U. S. Veteran specify WAR

(a) Residence: No. 522 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Wenzel

ATE OF BIRTH (month, day, year) Apr. 29 - 1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all 37

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Conrad Mauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Easter

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. George Wenzel

(Address) 3443 Raymond Ave

BURIAL, CREMATION, OR REMOVAL

Place Oakwood Date Sept. 7 - 1935

UNDERTAKER Lilly & Zeiler Inc

(Address) 4036 Pennsylvania Ave

FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1935 to Sept. 4, 1935.

I last saw her alive on Sept. 4, 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | 8-28-35 |
| Other contributory causes of importance: Chronic nephritis | 8-28-35 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.M. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John V. Szczerbicki, M. D.

(Address) 1802 Eastern Ave.

D. B 1268-9

F 15720

15720

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Madison ave St. Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernnie Harris

(a) Residence: No. 1709 Madison ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 4, 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Frank Harris

14. BIRTHPLACE (city or town) Amelia (State or country) Richmond Co. Va

15. MAIDEN NAME Estelle Johnson

16. BIRTHPLACE (city or town) Dinwiddie (State or country) Va

INFORMANT Frank Harris (Address) 1709 Madison ave

BURIAL, CREMATION, OR REMOVAL Place Dinwiddie Va Date Sept 6 1935

UNDERTAKER Chas Alston (Address) 918 Druid Hill Ave

1935 Registered No. 1720

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above. 2.10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Enteritis and Enteritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Haven M. D.

Coroner

(Address) 1310 Hanover Way

Md. B[illegible] 15721 ✓ F 15721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 208 Vernal Court St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | Unknown |

If married, widowed, or divorced HUSBAND of (or) WIFE of ×

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 40 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT × (Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Universal, Md Date Sept 5th 19 35

UNDERTAKER .....

(Address) .....

Sept 5 - 1935 19 .... [illegible] Registrar.

1689

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcic meningitis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury. /

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave

D. B. 1268-9 15722 ✓ F 15722

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolts City Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary alice Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 1314 N. Stricker St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 65 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Unknown

(State or country) "

13. NAME "

14. BIRTHPLACE (city or town) "

(State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "

(State or country) "

INFORMANT X

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Md. Date Sept 5 19 35

UNDERTAKER .....

(Address) .....

FP 5 - 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Wright, M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

1690 TIM MORGAN

M. D. B 1268-9

F 15723 ✓ F 15723

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Vien Frazier Lords Pennington Rd. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Borden

If U. S. Veteran specify WAR .....

(a) Residence: No. Rockingham, North Carolina St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 18 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) Rockingham (State or country) N.C.

13. NAME Unknown

14. BIRTHPLACE (city or town) Rockingham (State or country) N.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Rockingham (State or country) N.C.

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal & MO Date Sept 5 , 19 .....

19. UNDERTAKER .....

(Address)

SEP 5 - 1935

(Signed) Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull & other injuries | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 20, 1935

Where did injury occur? P.R.R. Boy Vien Jct Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Outside Place (Trespassing)

Manner of injury Struck by Locomotive.

Nature of injury Fractured skull &c.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave Coroner

F 15724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15724

## CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Nixon

(a) Residence: No. 116 S. Bond St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 30 | — | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none prob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown Possibly Harrisburg Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Sept 2, 1935

19. UNDERTAKER .....

(Address) .....

20. FILED Sept 5 1935 Huntington Hill Registrar

1692

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic Peritonitis | |

Other contributory causes of importance: gun shot wound through Caecum

Was an operation performed? yes Date of Aug 23

For what disease or injury?

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Aug 23 1935

Where did injury occur? Spring St. Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury fired by policeman in discharge of his duty

Nature of injury gun shot wound through Caecum

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) V. M. Wright Coroner, M. D.

(Address) 1010 S. Belnord Ave.

D. B. 1268-9

✓ F 15725

5725

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 107-a

PLACE OF DEATH Sinai Hosp. Balto. Md

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Eva Chesniak

(a) Residence: No. Millersville, Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| X | W | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Chesniak

ATE OF BIRTH (month, day, year) Unknown 1867

| GE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | | | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

11. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Vincent Boydanowicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Julia Molenowska

16. BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Stanley Boydanowicz

(Address) Millersville Md

URIAL, CREMATION, OR REMOVAL

Place Millersville Md Date Sept 6 '35 19

NDERTAKER B. F. Hopkins

(Address) Annapolis, Md

ILED 1935 Pittsburgh Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-27-, 1935 to 9-4-35, 19...

I last saw h.r alive on 9-4, 1935 Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adhesive Pericarditis, Cardiac Hypert & Dilatation | |
| Other contributory causes of importance: | |
| Anasarca | |
| Bilat. Bronchopneumonia | 8 28 35 |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E. Gamm M. D.

(Address) Sinai Hosp. Balto

15726
3006

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 15726

54-B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

Y OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Amelia Powell

If U. S. Veteran specify WAR

(a) Residence: No. 817 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | married |

married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

TE OF BIRTH (month, day, year) 6-16-94

| E | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 2 | 16 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md

NAME George Bordley

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Minerva Thomas

BIRTHPLACE (city or town) (State or country) Md

FORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Date Sept 7, 19 3

NDERTAKER Robert J. Williams

(Address) 5-5 McCulloh St

1935 Huntington Williams

Registered

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept- 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1935, to Sept 2, 1935

I last saw her alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

Paralytic ileus. Date of onset 8/26/35
Myocarditis, chronic.

Other contributory causes of importance:

Arteriosclerosis, gen.
Hypertension. Neoplasm.

Was an operation performed? Yes. Date of 8/22/35.

For what disease or injury? Neoplasm Uteri

Name of operation Hysterectomy. Date of 8/22/35.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Ketz, M. D.

(Address) Johns Hopkins Hosp.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

Registered No. E 15227

PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hosp. St. Lifetime Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary A. Way

(a) Residence: No. 550 Craig Rd - Govans Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Way

ATE OF BIRTH (month, day, year) 1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | — | — | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Austin McManus

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen McNichols

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Sept 7th 1935

UNDERTAKER Chas. H. Pogue & Son
(Address) 118 W. Mt. Royal Ave.

FILED Sept 7th 1935 Christopher Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1935, to Sept 4, 1935

I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset 1 yr ago

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? Yes Date of Sept 3, 1935

For what disease or injury? Cancer

Name of operation Interstitial Quest. Date of 9/3/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. L. Benson, M. D.

(Address) Mercy Hosp.

F 15728

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Butler If U. S. Veteran specify WAR

(a) Residence: No. 21 Morris St., Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | — |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-15-33

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 11 23½ | 19 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md

12. NAME Martin Butler

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Marie Jacobs

15. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Annapolis Md Date Sept. 7, 1935

UNDERTAKER C. B. Johnson
(Address) Annapolis Md

FILED 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Sept 4, 1935

I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 10¹⁰ p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary tuberculosis | Aug. 1935 |
| Other contributory causes of importance: Pulmonary thrombosis (since birth) | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray chest & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen Louise Snyder, M. D.

(Address) Johns Hopkins Hosp. Balto.

02330
15729
Med.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15729

## CERTIFICATE OF DEATH

X 1

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

TY OF BALTIMORE: (No. 7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wilbert Titsworth

If U. S. Veteran specify WAR None

(a) Residence: No. Route #3 St., Ellicott City Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) July 1911

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 24 | 23 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. truck driver

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME Marshall Titsworth

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Agnes Ricker

BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Record

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place St John Ellicott City Date 9-8 1935

UNDERTAKER J. S. Higinbotham

(Address) Ellicott City

1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) SEP 5 - 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1935 to Sept. 5, 1935

I last saw him alive on Sept. 5, 1935. Death is said to have occurred on the date stated above, at 2.10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typhoid fever | Aug 15, 1935 |
| Perforation of typhoid ulcer of intestine. | Sep 5 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Flor B Grossman, M. D.

(Address) The Johns Hopkins Hospital.

D. B. 12-49 P 15730 F 15730

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 53-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. St. Josephs Hospital St., 9 Ward)

ngth of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E. Morse

If U. S. Veteran ... Specify War ...

(a) Residence: No. 1248 E. North St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles C. Morse

ATE OF BIRTH (month, day, year) February 3 1883

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 7 | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Harford Co. Md

13. NAME Ellen Woodward

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Mathews

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Charles E. Morse

(Address) 1248 E. North Ave

BURIAL, CREMATION, OR REMOVAL 4/6/35

Place Linwood Lake Memorial, 19 ...

UNDERTAKER The Cole Co 1210 E. North St

FILED ... 19 ... Registrar

-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 28 1935 to September 3 1935

I last saw her alive on September 3 1935. Death is said to have occurred on the date stated above, at 3 50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Encephalitis lethargica and | 7-26-35 |
| 2. Acute appendicitis | |

Other contributory causes of importance:

Name of operation Appendectomy Date of 7-28-35

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Wagenseller, M. D.

(Address) ...

D. B. 1268-3

15731 F 15731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 W. Franklin St., 17 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Edward Howard

(a) Residence: No. 740 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | C. | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME OF MOTHER "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Nettie Pierce
(Address) 740 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place M. Auburn Cem. Date 9/6/1935

19. UNDERTAKER Francis J. Hemsley
(Address) 578 W. Fiddle St.

SEP 6 - 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Sept 6 1935

I last saw h[illegible] alive on Sept 3 1935. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer (Stomach) | Sept 1935 |
| | |
| Other contributory causes of importance: | |
| Exhaustion | Sept |

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Huntington Williams, M. D.

(Address) 1359 Eutaw Pl

E 15732

15732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-c

Registered No. .....

PLACE OF DEATH Maryland General Hosp

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME John Litwinsky

(a) Residence: No. 249 S Castle St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Litwinski

7. DATE OF BIRTH (month, day, year): 1880

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | | | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country): Poland

14. NAME OF FATHER: Marge Litwinski

15. BIRTHPLACE (city or town) (State or country): Poland

16. MAIDEN NAME OF MOTHER: unknown

17. BIRTHPLACE (city or town) (State or country): Poland

18. INFORMANT: Mrs Anna Litwinski

(Address) 234 S Madeira St

19. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem Date Sept 7, 1935

20. UNDERTAKER: John H Weber

(Address) 401 S Chester St

Filed Sept 6 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1935 to 9-4, 1935

I last saw him alive on 9-4, 1935 Death is said to have occurred on the date stated above, at 12 10 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma transverse colon — Date of onset .....

Other contributory causes of importance:

Metastatic carcinoma of Intestinal Surg obstruction

Was an operation performed? yes Date of 9-3-35

For what disease or injury? Intestinal obstruction

Name of operation Ileostomy Date of 9-3-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D.

(Signed) John H Bergsby

(Address) Maryland General Hosp

F 15733

1573

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

. PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Andrew Kantorski

(a) Residence: No. 217 S. Madeira St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ole | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Kathrine Kantorski

DATE OF BIRTH (month, day, year) 1890(?)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 45(?) | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Steel Industry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Kantarski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Nat. Cem. Date Sept 7, 1935

UNDERTAKER John M Weber

(Address) 401 Huntington Ave.

FILED 1935, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1935, to Sept 4, 1935.

I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

Paratyphoid "B" Fever (?)

Methyl Alcohol poisoning acute

Date of onset 8-25-35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robt F Mountin, M. D.

(Address) Balto City Hosp.

D. B 1268-9

F 15734

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15734

## CERTIFICATE OF DEATH

82a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Colvin Golden St St., 5 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John ~~Robertson~~ Robinson

(a) Residence: No. 513 Colvin Golden St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va

10. NAME

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Harry Bladeston
(Address) 1224 E. Monument St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 9-7- 1935

UNDERTAKER Bryant Maurice W. Wright
(Address) 1210 Eden & Gerry St

FILED 1935 Thurington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, state .....

Signed Wm. D. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

D. B. 1268-9

✓ F 15735

15735

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 834 Aisquith St., 10 Ward)

gth of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary Jackson

(a) Residence: No. 834 Aisquith St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hosea Jackson

ATE OF BIRTH (month, day, year) Oct. 1907

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 27 | 11 | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Townsville Md.

13. NAME John Moron

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Millie Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hosea Jackson
(Address) 834 Aisquith St

BURIAL, CREMATION, OR REMOVAL
Place Henderson Md. Date 9-7- 1935

UNDERTAKER Byron Mamie M. Wright
(Address) 1308 McCulloh St. Balto.

FILED ..... 19..... Registrar.

1835

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1935 to 9-4 1935

I last saw her alive on 9-4 1935 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 8/24 |
| Contributory Secondary | |
| Uremia | |

Other contributory causes of importance:
Emphysema Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jas R Blake M. D.

(Address) 924 Aisquith St

D. B. 1268-6

F 15736 ✓ F 15736

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves 20 St., 25 Ward)

Registered No. 25-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brother Isidore Kuppel

(a) Residence: No. Mt. St. Joseph's College Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 6 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brother.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious

10. Date deceased last worked at this occupation (month and year) 8/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Records

(Address) St Agnes Hospital.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 6. 1935

19. UNDERTAKER J. H. Grasse + Son

(Address) 216 E. Charles St.

20. FILED Sept 6 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 - 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1935 to 9/5 1935

I last saw him alive on 9/5 1935. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatic hypertrophy (benign) | 1925 |
| Cystitis + pyelitis + pyelonephritis | |
| Intestinal obstruction | 7/35? |
| Uremia | 8/35? |
| Other contributory causes of importance: | |
| Diabetes mellitus | 8/35? |

Name of operation Suprapubic prostatectomy Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

F 15737 ✓ F 15737

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Scroggins

(a) Residence: No. 625 N Schroder St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | negro | Single |

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) August 29, 1935

| GE Years | Months | Days | If LESS than 1 day ... hrs. or 10 min. |
|---|---|---|---|
| | | | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Md

. NAME Charles Powell

. BIRTHPLACE (city or town) Baltimore
(State or country) Md

. MAIDEN NAME Dorothy Scroggins

. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md

NFORMANT Dorothy Scroggins
(Address) 625 N. Schroder St

URIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Sept 6, 1935

NDERTAKER
(Address)

ILED 1935 Harrington Funeral Home

1093 # 100

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1935, to August 29, 1935

I last saw h... alive on Aug 29, 1935 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| prematurity 5 mos | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) Elizabeth L Sangaluzzo, M. D.

(Address) Baltimore City Hospitals

F 15738 ✓ F 15738

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Dacto City Hospital St., Ward) 6

th of residence in city or town where death occurred, ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Girl Smith (A)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1814 Orleans St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | C | |

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Aug 31 1935

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | | 7 |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Dacto Md (State or country)

. NAME Edgar ?

. BIRTHPLACE (city or town) ? (State or country)

. MAIDEN NAME Julia Smith

. BIRTHPLACE (city or town) Dacto Md (State or country)

FORMANT Julia Smith 1814 Orleans St (Address)

URIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date Sept 6. 1935

NDERTAKER (Address)

6 - 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 , 1935 to Sept 1 , 1935

I last saw her alive on Sept 1 , 1935 Death is said to have occurred on the date stated above, at 8 15A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Prematurity | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theodore Sterling M. D.

(Address) Dacto City Hospital

F 15739

5739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

159

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sacto City Hospital St., 6 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Baby Girl Smith (?)

(a) Residence: No. 1514 Orleans St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | C | S |

f married, widowed, or divorced HUSBAND of (or) WIFE of .....

ATE OF BIRTH (month, day, year) Aug 31, 1935

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Sacto Cal

9. NAME Edgar

10. BIRTHPLACE (city or town) (State or country) ?

12. MAIDEN NAME Inez Smith

13. BIRTHPLACE (city or town) (State or country) Balto Md

NFORMANT Inez Smith (Address) 1514 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place U. Med. School Date Sept 6, 1935

NDERTAKER .....

(Address) .....

1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935 to Sept 1, 1935

I last saw her alive on Sept 1, 1935 Death is said to have occurred on the date stated above, at 8 15A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Prematurity | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Breanne Fleming M. D.

(Address) Baltimore City Hospitals

1695

F 15740

15740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward) 6

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Girl Smith (C)

(a) Residence: No. 1814 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | C | S |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 31, 1935

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 3 hrs. |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Davis Md

13. NAME Edgar ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Alice Smith

(Address) 1814 Orleans St

BURIAL, CREMATION, OR REMOVAL

Place U. of Md. School Date Sept 6, 1935

UNDERTAKER

(Address)

1935 Washington Funeral Home

Sept 5 1695

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935 to Sept 1, 1935

I last saw her alive on Sept 1, 1935 Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Prematurity (5 mo.) | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Suzanne Sterling M. D.

(Address) Balto City Hospitals

D. B. 1269

F 15741

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15741

## CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E Chase St St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Fenton

(a) Residence: No. 700 E. Chase St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr James M. Fenton

6. DATE OF BIRTH (month, day, year) Oct 8, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 10 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Patrick Quinlan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dr Fenton

(Address) 700 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 7, 1935

19. UNDERTAKER Rita Winfield

(Address) 714 Drummond Ave

20. FILED Sept 5 - 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1935, to Sept 5, 1935

Last saw her alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of breast with metastases to Lumbar vertebrae & Skull | 3 yrs ago |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard L Wirth M. D.

(Address) 1216 N Calvert St

296 Case
P-13742

742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

78

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 11 East Chase St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

FULL NAME Ellen S Watson

(a) Residence: No. 11 East Chase St., Ward.
(Usual place of abode) (City)
(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

If married, widowed, or divorced
(or) WIFE of William L Watson

ATE OF BIRTH (month, day, year) Sept 26. 1854

| GE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 11 | 10 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or (State or country) Balto Md

3. NAME John Swan

4. BIRTHPLACE (city or town) (State or country) Baltimore Md

5. MAIDEN NAME Mable Davies

6. BIRTHPLACE (city or (State or country) Balto Md

NFORMANT Mrs Louise Kearney

(Address) 11 East Chase St

URIAL, CREMATION, OR REMOVAL Interment

Place Forest Hill Cemetery Date Sept 6 1935

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1935 to Sept 5 1935

I last saw deceased alive on Sept 5 1935. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cerebral Thrombosis — Date of onset: Gradual for past 10 Years

Other contributory causes of importance: Encephalitis Lethargica — Date of onset: 6 Mo prior

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. E. Stephenson, M. D.

(Address) 1403 Park Ave

D. B. 1268-9

B 15743

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15743

## CERTIFICATE OF DEATH

V 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4306 Roland Avenue St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 55 yrs. -- mos. -- ds.

FULL NAME Carl F. Meislahn

(a) Residence: No. 4306 Roland Avenue St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Dogge

DATE OF BIRTH (month, day, year) Aug. 27, 1847

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | 0 | 8 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 0-98
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture and Interior Woodwork
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

10. BIRTHPLACE (city or town) (State or country) ------- Germany

12. NAME Heinrich Meislahn

13. BIRTHPLACE (city or town) (State or country) ------- Germany

15. MAIDEN NAME Marguerietta Grothen

16. BIRTHPLACE (city or town) (State or country) ------- Germany

INFORMANT Mrs. Lena M. Wagner
(Address) 4306 Roland Avenue

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 9/7 1935

UNDERTAKER Henry U. Mears & Son
(Address) 8[illegible] N. Eutaw St.

1935 Washington Place Baltimore, Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1935, to 9-5, 1935

I last saw h[illegible] alive on 9-4, 1935. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows: CEREBRAL HEMORRHAGE — Date of onset 9-3-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Storey, M. D.

(Address) 1129 St. Paul St.

B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15744

93-2

Registered No. 15744

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3 S Conklin St., (Ward) 26

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John L Dorsey

(a) Residence: No. 3 S Conklin St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Dorsey

6. DATE OF BIRTH (month, day, year) June 26 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 2 | 8 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cont'l Can Co

Date deceased last worked at this occupation (month and year) 9/35

11. Total time (years) spent in this occupation 2

8. BIRTHPLACE (city or town) (State or country) Baltimore Md

9. NAME OF FATHER Michael Dorsey

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

11. MAIDEN NAME OF MOTHER Parkinson

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. INFORMANT Billie Bergin

(Address) 30 S Caste Ave

14. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 9/7 1935

15. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw ~~him~~ alive on ... 19... Death is said to have occurred on the date stated above, at 5:1 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) 1010 S. Ellwood Ave

D. B. 1268-9

5745 F 15745

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 Park Av St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 30 ds. How long in U. S. If of foreign birth 80 yrs. 9 mos. 30 ds.

FULL NAME Caroline Hammond Williams NO WAR SERVICE.

(a) Residence: No. 1428 Park Av St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov-6-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 9 | 30 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None | 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME D. Hanson Williams

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Mary E P Williams

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

INFORMANT (Address) M D Hanson Williams 1428 Park Av

BURIAL, CREMATION, OR REMOVAL Place Druid Hill Mount Date Sept 2 1935

UNDERTAKER (Address) Stewart Mortuary Co. 108 W Preston.

1335 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Aug 31 1935.

I last saw h. w alive on Aug 31 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Liver | Indef. |
| Other contributory causes of importance: Myocarditis | Indef. |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W A Brady, M. D.

(Address) 1403 Park Ave.

F 15746

15746 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward)

Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 54 yrs. 0 mos. 0 ds.

If U. S. Veteran specify WAR None

FULL NAME Ada Frances Dohme

(a) Residence: No. 3014 St Paul St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. G. C. Dohme

6. DATE OF BIRTH (month, day, year) June 16 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 2 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Birmingham England

13. NAME OF FATHER Henry J. Chinn

14. BIRTHPLACE (city or town) (State or country) Birmingham England

15. MAIDEN NAME OF MOTHER Kate Taplin

16. BIRTHPLACE (city or town) (State or country) Birmingham England

17. INFORMANT Dr. Gustavus C. Dohme (husband)

(Address) 3014 St. Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept 7, 35 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-110 North Avenue

(Filed) Sept 8 1935 Huntington Pettigrew, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Sept 5, 1935

I last saw her alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | 9-1-35 |
| Cerebral stenosis + insufficiency | 1903 |
| | |
| | |

Other contributory causes of importance:

Rheumatic heart disease.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Physical Examination Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Clagett Fitch M. D.

(Address) 215 Northway

1935 8 MPH

5747 E 15747

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-a

PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hosp St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 6r yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles M Kane

If U. S. Veteran specify WAR M

(a) Residence: No. 3016 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widowed |

If ~~married~~, widowed, or ~~divorced~~
(or) ~~WIFE~~ of HUSBAND Kate Elizabeth Kane

6. DATE OF BIRTH (month, day, year) Mar 11 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Kane

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Susan Elliott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles Rummel

(Address) 3016 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept. 9 1935

19. UNDERTAKER Leonard J. Rust

(Address) 5305 Harford Rd.

20. FILED 1935 Huntington Ridgeway Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29 1935 to Sept 5 1935

I last saw h alive on Sept 5 1935. Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of larynx | ? |
| Terminal pneumonia | 8/2/35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/20/35

For what disease or injury? Carcinoma of larynx

Name of operation Biopsy Date of 5/20/35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel R Robertson, M. D.

(Address) Mercy Hosp

Grzech F 15748

15748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospt (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Brzych (Grzech)

3. (a) Residence: No. 221 E Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Brzych

6. DATE OF BIRTH (month, day, year) 11-30-1895

| 7. AGE Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|
| 39 | 7 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Globe Brewing Co

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Mississippi

13. NAME OF FATHER John Brzych

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME OF MOTHER Sophie Dick

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Balto City Hospt (Address) Record

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 10, 1935

19. UNDERTAKER F. W. Brazauski (Address) 1930 Eastern Ave

Thurlington Williams, Registrar.

20. FILED , 19

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1935, to 9-6, 1935

I last saw him alive on 9-5, 1935. Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis | 1 wk |
| and Acute Pancreatitis | 1 wk |
| Other contributory causes of importance: | |
| Mycandial | 1 day |
| Patient | |

Was an operation performed? yes Date of 9-4-35

For what disease or injury? appendicitis

Name of operation appendectomy Date of 9-4-35

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

M. D. (Signed) Robt F Mankin

(Address) Balto. City Hospt

1935

F 15749

15749
3452
Ophth.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

178 B

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Rita Sowinski

(a) Residence: No. 723 Lundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9 1922

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 9 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME OF FATHER Stanley Sowinski
14. BIRTHPLACE (city or town) (State or country) Ohio
15. MAIDEN NAME OF MOTHER Agnes Stampor
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date Sept 9. 1935
19. UNDERTAKER T. W. Cazazinski
(Address) 1930 Eastern Ave
20. FILED Sept 9 1935, 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 5 - 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1935 to Sept. 5, 1935
I last saw her alive on Sept. 5, 1935 Death is said to have occurred on the date stated above, at 9 55 A.m.

The prinripal cause of death and related causes of importanre were as follows:
Cardiac failure during general anaesthesia — Date of onset 9-5-35

Other contributory causes of importance:
none

Was an operation performed? Yes Date of Sept. 5, 1935
For what disease or injury? Squint
Name of operation Recession int. Rectus, Left Eye Date of Sept. 5, 35
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? Date of injury 19
Where did injury ocrur? (Sperify city or town, rounty, and State)
Specify whether injury orrurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fullos O. Coston, M. D.
(Address) Johns Hopkins Hosp.

—12-9-25—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15750

## CERTIFICATE OF DEATH.

93-C F 15750

REGISTERED NO.

1-PLACE OF DEATH

of BALTIMORE: (No. 413 N. Glover St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta L. Maeser

(a) RESIDENCE NO. 413 N. Glover St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| | med White | Widowed |

married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry F. Maeser

7 DATE OF BIRTH (month, day, and year) Oct. 7-1875

| 8 Years | Months | Days | IF LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|
| 59. | 10 | 29. | |

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore Co.
(State or country)

11 NAME OF FATHER Henry Riemenschneider

12 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

13 MAIDEN NAME OF MOTHER Catherine Pensel

14 BIRTHPLACE OF MOTHER (city or town) Baltimore Md.
(State or country)

Informant Harry Maeser
(Address) 2021 Arlington Ave

Filed ..... 19 ..... SEP 7 1935 Registered

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Paul Schenten M. D.
(Coroner)

, 19 (Address) 1919 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.,.....mos.,.....ds. In the State.....yrs.,.....mos.,.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery Date of Burial Sept 7 1935

20 UNDERTAKER C. Miller & Son ADDRESS 2334 Jefferson St

Baltimore, Md.

F 15751

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 E-35th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

FULL NAME Andrew William Linder

(a) Residence: No. 812 E-35th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa F. Linder

DATE OF BIRTH (month, day, year) July 24 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 1 | 12 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 1886

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Movie Theatre

8. Date deceased last worked at this occupation (month and year) Apr 1935 | 11. Total time (years) spent in this occupation 7

9. BIRTHPLACE (city or town) Baltimore (State or country) Md

10. NAME OF FATHER William Linder

11. BIRTHPLACE (city or town) Germany

12. MAIDEN NAME OF MOTHER Maria Ely

13. BIRTHPLACE (city or town) Baltimore (State or country) Md

14. INFORMANT Mrs Louisa Linder

(Address) 812 E-35 St

15. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 7, 1935

16. UNDERTAKER Wm Tessmer & Sons

(Address) North & Pennsa

17. FILED 1935 Huntington Williams, Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to September 6, 1935.

I last saw him alive on Sept. 5, 1935. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma - primary site Gall Bladder or Common Duct & Oesophagus | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of February 1935

For what disease or injury? Carcinoma

Name of operation Laparotomy Date of Feb. 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Tenaer, M. D.

9/6/35 (Address) Lord Balt Bldg

F 15752

5752 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

## CERTIFICATE OF DEATH

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3124 Windsor Ave 5th Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Wesley Francis Scrivener

(a) Residence: No. 3124 Windsor Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie Amy Scrivener

6. DATE OF BIRTH (month, day, year) Nov. 22, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 9 | 14 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 1062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford's Theatre

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md

13. NAME Francis Scrivener

14. BIRTHPLACE (city or town) Calvert Co
(State or country) Md.

15. MAIDEN NAME Elizabeth Wood

16. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

INFORMANT Mrs Virgie A. Scrivener

(Address) 3124 Windsor Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Sept. 9 1935

UNDERTAKER Wm. H. Deer Sons

(Address) North & Fayette Sts.

Washington Ave. Baltimore, Md.

1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Sept 6 1935

I last saw h... alive on Sept 6/35 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage and paralysis | Sept 5/35 |
| Other contributory causes of importance: Arterio-sclerosis Hypertension | ? ? |

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Hallie Hulett M. D.

(Address) 2220 Harlem Ave

5753 # 15753

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5612 Jonquil Ave St., 27 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Linda D Bunger

(a) Residence: No. 5612 Jonquil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter W. Bunger

DATE OF BIRTH (month, day, year) July 10 1874

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 1 | 25 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Thadus Bennett

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Malinda Davis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Robert Bunger

(Address) Richmond Va.

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va. Date Sept 7 1935

UNDERTAKER Wm J Jeffries & Sons

(Address) North & Penna Ave

Huntington Philippus, Registrar.

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 35 to Sept 5 1935

I last saw her alive on Sept 5 1935. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage & paralysis | Sept 1/35 |
| Hypo-static pneumonia | 1 day |
| Other contributory causes of importance: | |
| Arteio-sclerosis | 1928 |
| Myocarditis | June 20- 1935 |

Was an operation performed? NO Date of

For what disease or injury? NO

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, how?

(Signed) Walter Dukett M. D.

(Address) 2220 Harrison Blvd

D. B 1268-2

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15254

15754

82-a

Registered No.

PLACE OF DEATH Grundel Hotel

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Chas. & Mt. Royal Ave. 11 Ward) (transient)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gilbert E. Youmans

(a) Residence: No. Scratchtown, Penna. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna J. Youmans

DATE OF BIRTH (month, day, year) Aug. 3 1879

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 1 | 2 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Income Tax Division

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. U.S. Internal

Date deceased last worked at this occupation (month and year) Present 11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Courtland N.Y.

NAME Elgar G. Youmans.

BIRTHPLACE (city or town) (State or country) Dundee Yates Co. N.Y.

MAIDEN NAME Gertrude Shelton

BIRTHPLACE (city or town) (State or country) Bryden N.Y.

INFORMANT Mrs. Edna J. Youmans

(Address) 213 Elm Ave. Scratchtown Penna

BURIAL, CREMATION, OR REMOVAL Arlington Hall Cem. Date Sept 9 1935

UNDERTAKER Wm. J. Tickner & Sons

(Address) Main & Church Sts.

FILED 1935 ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 4 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/5/35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state

(Signed) Elvin B. Wallace, M. D. Coroner

(Address) 1031 St. Paul St.

B. P. 1268-9

5755

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

B 15755

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 May St., 5 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Theresa Carroll

(a) Residence: No. 1408 May St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Color. | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Gus. Carroll

DATE OF BIRTH (month, day, year) Aug 14th 1884

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | 20 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, Odd

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Fayetteville N. C

10. NAME OF FATHER John Williams

11. BIRTHPLACE (city or town) (State or country) N. C

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. INFORMANT William Carroll son

(Address) 1408 E. May St.

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Sept 7th 1935

16. UNDERTAKER Thos. Robert A. Elliott

(Address) 1129 Caroline st.

19..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-4-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-14-, 1935, to 9-4-, 1935

I last saw her alive on 9-3-, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Vincent's Angina | |
| Septicemia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Cargile, M. D.

(Address) 601 N. Caroline

John H. Flitt

2976 15756

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15756

## CERTIFICATE OF DEATH

117-a

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME John Flitt

(a) Residence: No. 1514 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced (Zimmerman)
HUSBAND of (or) ~~WIFE of~~ Mary

DATE OF BIRTH (month, day, year) 4/17/83

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 4 | 20 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Md —

13. NAME Louis Flitt

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Bertha Schultz

16. BIRTHPLACE (city or town) (State or country) Md —

INFORMANT Friends.
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 9/10/35 19

UNDERTAKER Geo. D. Pentz Inc
(Address) 1735 Eutaw Pl.

FILED 19 Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 . 1935 to Sept 6 . 1935

I last saw him alive on Sept 6 . 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Pt. had ruptured gastric ulcer which was closed at operation. Secondary gastric hemorrhage one week later. Finally uraemia

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug 18, 1935

For what disease or injury? Perforated gastric ulcer

Name of operation Closure of " or " Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl P. Schleicher M. D.

(Address) J. H. H.

H. D. B 1268-9

F 15757

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15757

## CERTIFICATE OF DEATH

94-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 25 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Jacob F. Smith

(a) Residence: No. 2000 Lettitia Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

7. DATE OF BIRTH (month, day, year) Oct 13, 1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 10 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 605

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Smith, Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Smith,

(Address) 2000 Lettitia Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 9/7 19 35

19. UNDERTAKER William Cook & Son

(Address) 1217-25 Eutaw St. Huntington Williams, Jr.

20. FILED 19 Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Sudden |

Other contributory causes of importance:

Myocarditis one year,

Was an operation performed? Date of

For what disease or injury?

Name of operator Date of

What test confirmed diagnosis? Was there an autopsy?

Attacks of dyspnea.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place In Hospital

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

1939 Edmondson Ave.

(Address)

B 1268-9

✓ F 15758

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15758

## CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 642 Mosher St., 14 Ward)

th of residence in city or town where death occurred 29 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia Grimes

(a) Residence: No. 642 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## ERSONAL AND STATISTICAL PARTICULARS

| x | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | Col. | Married |

married, widowed or divorced HUSBAND of or) WIFE of Eugene Grimes

TE OF BIRTH (month, day, year) Jan 2 1906

| E | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | 8 | 2 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Md.
(State or country)

NAME Charles Rusk

BIRTHPLACE (city or town) Va
(State or country)

MAIDEN NAME Fannie Warden

BIRTHPLACE (city or town) Norfolk Va.
(State or country)

FORMANT Margaret Fraser Grimes
(Address) 1136 Myrtle Ave (Eastern)

RIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 7, 1935

NDERTAKER Chas. H. Cooper
(Address) 514 N. Gilmor St.

Huntington Williams
Registrar.

, 19

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by illuminating gas | |
| Other contributory causes of importance: | |

Name of operation None Date of

What test confirmed diagnosis Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otagen , M. D.
Coroner

(Address) 1215 Hanover

N.D.

D. B. 1268-9

F 15759

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15759 ✓ 178 B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary C Nagler

(a) Residence: No. 3204 E. Balto St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Unknown

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | about 29 | — | — | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT X

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9/1 1935

UNDERTAKER J. Fisher Gahres & Sons

(Address) 1 West Eight St. Huntington, West Virginia

FILED 1935 . 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock for spinal anesthesia | |

Other contributory causes of importance: pelvic disorders (ovarian cyst?)

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 29. 1935

Where did injury occur? Balto City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hospital

Manner of injury pre operative anesthesia

Nature of injury shock.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Wright, M. D.

Coroner

(Address) 1105 S. Belnont Ave

F 15760

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15760

## CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tb. Div.) Registered No.

TY OF BALTIMORE: (No. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mike Pina

If U. S. Veteran specify WAR

(a) Residence: No. 1016 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Black | Single |

f married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) Dec. 7, 1889

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 8 | 25 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Portugal

9. NAME Mio Pina

10. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

NFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9/7, 1935

NDERTAKER J. J. Fahey & Son
(Address) 1711 Light St

FILED 1935, 19 Huntington Hillsville, N. C. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935 to Sept. 2, 1935

I last saw him alive on Sept. 2, 1935 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Jan. 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Arthur Kaufman M. D.
(Address) Balto. City Hospitals

F 15761

15761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-92-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Annie Farrell

(a) Residence: No. 739 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) March 25, 1880

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 5 | 9 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/7 1935

UNDERTAKER J. J. Gaber Sons
(Address) 1512 Light St.

Funeral from Residence

FILED 9-7-1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to Sept. 4, 1935
I last saw her alive on Sept 4, 1935 Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic heart disease | Unknown |
| Mitral stenosis + insufficiency | " |
| Auricular fibrillation | Feb. 1935 |
| Myocardial failure | Unknown |

Other contributory causes of importance:
Syphilis, latent

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. De Santalle M. D.

(Address) Baltimore City Hospitals

15762 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15762

# CERTIFICATE OF DEATH

✓ 57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Fred ~~Fragoser~~ Trageser

(a) Residence: No. 3207 Washington Blvd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine ~~Fragoser~~ Trageser.

DATE OF BIRTH (month, day, year) Sept 11, 1865

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 11 | 25 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fred Frageser

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Ungerbach

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept. 9, 1935

UNDERTAKER Herman Lessman
(Address) 4611 Park Heights Ave Huntington Woods, Md.

FILED 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1935, to Sept 6, 1935

I last saw him alive on Sept 6, 1935. Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, generalized | Unknown |
| Myocardial insufficiency | 1934 |
| Myocardial failure | Aug 1935 |
| Auricular fibrillation | Unknown |
| Other contributory causes of importance: Arthritis deformans | 1932 |

Was an operation performed? No Date of —

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

F 15763

5763

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Viola Morris

(a) Residence: No. 502 Sommerset st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | Colored | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leon Morris

ATE OF BIRTH (month, day, year) Feb. 2, 1903

| GE | Years | Months | Days | If LESS than 1 day, hrs. or mIn. |
|---|---|---|---|---|
| 32 | 33 | | 4 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0037

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Will Elzie

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Evans

16. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date Sept 10 1935

UNDERTAKER Edw B Egan
(Address) 1631 Eutaw St Huntington Maryland

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to Sept. 6 1935

I last saw her alive on Sept. 6 1935 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Feb. 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlgin M. D.

(Address) Baltimore City Hospitals

Arby Haddaway

5764 B 15764

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X ✓ 46-C

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Arby Haddaway

(a) Residence: No. Weststand, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Cecelia Haddaway

DATE OF BIRTH (month, day, year) March 23 1890

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 5 | 13 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

8. Date deceased last worked at this occupation (month and year) May, 1935 | 11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jennie Haddaway

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Wratten

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Edith Haddaway

(Address) Weststand, Md.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept. 7, 1935

UNDERTAKER T. B. Hepbert & Son

(Address) 1800 Eutaw Place

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1935, to Sept. 4, 1935

I last saw ~~him~~ her alive on Sept. 4, 1935. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | May 1935 |
| Arteriosclerosis & C.V. disease | |
| Ascites and dehydration | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Hersperger, M. D.

(Address) Mercy Hospital.

A 153265

5765

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital 20 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mrs. Lillian Silver

(a) Residence: No. 2125 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry K. Silver

6. DATE OF BIRTH (month, day, year) Nov. 17-1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62. | 9 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Jessie Silver

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Elsie Marriott

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Sylvester H. Silver

(Address) 2125 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 7 19 35

19. UNDERTAKER J. B. Hubbert & Son

(Address) 1301 Eutaw Place

FILED 19 Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 16. 1935 to Sept. 5 1935

I last saw her alive on Sept. 5 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 8/28/35 |
| Gastric dilatation | 9/3/35 |
| Myocardial Failure | |
| Other contributory causes of importance: | |
| Diabetes Mellitus | 1922 |
| Urinary Retention | 9/3/35 |

Was an operation performed? Yes Date of 8/28/35

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 8/28/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Howard M.D.

(Address) University Hospital

A 15266

5766

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

102

PLACE OF DEATH University Hospital

Registered No. 15270

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Richard Loechel

(a) Residence: No. 3816 Cold Spring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced
HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) October 15, 1926

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 9 | 10 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry Loechel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Susan F. Beck

16. BIRTHPLACE (city or town) (State or country) Churchville Maryland

INFORMANT Henry F. Loechel

(Address) 3816 Cold Spring Lane

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 9 - 1935

UNDERTAKER A. B. Hobbs & Son

(Address) 1500 Eutaw Place

Huntington Ave

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/24/35, 19 to 9/6/35, 19

I last saw h. N. alive on 9/6/35, 19 Death is said to have occurred on the date stated above, at 7:00 A.m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypernephroma

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/24/35 - 8/5/35

For what disease or injury? Malignant Hypernephroma

Name of operation Splanchnicectomy Date of 7/27/35

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William G. Kelfrick, M. D.

(Address) University Hospital

c.—6-9-19—H. P. Co.—1000 Bks.

15767 HEALTH DEPARTMENT—CITY OF BALTIMORE #15767

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Ambassador Apartments

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. 3911 St + Canterbury Road WARD) 12

2-FULL NAME Edwin Walter Heise

(a) RESIDENCE. NO. Ambassador Apts ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, HUSBAND of Stella Miller Heise

DATE OF BIRTH (month, day, and year) June 27-1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 2 | 14 | |

OCCUPATION OF DECEASED Retired

(a) Trade, profession or particular kind of work Life insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Moulton. Md

(State or country)

10 NAME OF FATHER John F. Heise

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Ruth Cuddy

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

Informant Clarence W Heise

(Address) Homewood Apts.

Filed . 19 Registrar

1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1935

17

I HEREBY CERTIFY, That I attended deceased from July, 1930, to Sept. 4, 1935, that I last saw him alive on Sept. 4, 1935, and that death occurred, on the date stated above, at 9.20 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

Asthma (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles L. Warner, M. D.

, 19 (Address) 3317 Eggerton Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leaud Ridge — DATE OF BURIAL: Sept 7. 1935

20 UNDERTAKER George J. Smith — ADDRESS 1900 Eutaw Place

D. B. 1268-9

F 15768

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15768

## CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Kennedy ave St., 9 Ward)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma F. Sapp

(a) Residence: No. 2024 Kennedy ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Sapp

DATE OF BIRTH (month, day, year) Dec 19 1866

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 8 | 17 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10. NAME Einhardt Berends

11. BIRTHPLACE (city or town) .....
(State or country) Germany

12. MAIDEN NAME Johanna

13. BIRTHPLACE (city or town) .....
(State or country) Germany

14. INFORMANT Lillian A. Guyton

(Address) 1605 E. 29th st

15. BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery Date Sept 9, 1935

16. UNDERTAKER Chas. S. Black

(Address) 1412 W. North ave

9/8/35, 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to Sept 5, 1935

I last saw her alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Digitus | 1930 |
| Chronic Myocarditis | 1933 |

Other contributory causes of importance:

| | |
|---|---|
| Angina Pectoris | 1/15/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward Livingwood M. D.

(Address) 25 E. North Ave

D. B 1268-9

35769 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15769

# CERTIFICATE OF DEATH ✓ 157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 W. Franklin St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Emmett Ferguson

(a) Residence: No. 720 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 29 1923

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 6 | 7 9 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Sally Ferguson

14. BIRTHPLACE (city or town) (State or country) Victoria, Va.

15. MAIDEN NAME Sadie Tarlton

16. BIRTHPLACE (city or town) (State or country) Victoria Va.

INFORMANT Mrs. Sadie Ferguson
(Address) 720 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 7, 1935

UNDERTAKER Mrs Kate R. Wellons
(Address) 322 N. Schroeder St

1935 Interment Wellons, Victoria

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Valvular Heart lesion, | |

Other contributory causes of importance: Congenital heart condition

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Ham. Coroner M. D.

(Address) 125 Hanover

5770 # 15770

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No. .....

PLACE OF DEATH Sydenham Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Theodore Johnson

(a) Residence: No. 1243 St Matthews St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Malina Johnson

DATE OF BIRTH (month, day, year) May 13, 1908

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 27 | 3 | 22 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Atkinson

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wife.

(Address) 1243 St Matthews St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept 8, 1935

UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED Sept 8 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935, to Sept 6, 1935

I last saw h[illegible] alive on Sept 6, 1935. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcic meningitis. | Sept 3 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Sydenham Hospital

F 15771

F 15771

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x V 95-B

PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mr. John Wolff.

(a) Residence: No. Columbia Pike Ellicott City Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Celestal Wolff

DATE OF BIRTH (month, day, year) Nov 20, 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 9 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&OR.R. Co

10. Date deceased last worked at this occupation (month and year) 6/35

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Gustoff Wolff. Wolff

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Hill Cem Date 9-10 1935

UNDERTAKER Frank Brandenburg Sons
(Address) Ellicott City, Md.

9-8 1935 Huntingtown Williams, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-35 19

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1935 to 9-7 1935

I last saw him alive on 9-7 1935 Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-31-35
Hypertensive Heart disease

Other contributory causes of importance:

Bronchopneumonia
Ventricular Fibrillation

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John H Bamah M.D.

(Address) Maryland General Hosp

. B. 1268-9 F 15772 F 15772

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1220 Bonaparte Ave St., 9 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Annie E. Brightson

(b) Residence: No. 1220 Bonaparte Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| | 4. Color or Race | 5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| ~~Male~~ / Female | White | Widow |

~~married~~, widowed, or ~~divorced~~
(or) WIFE of Late Julian G. Brightson

TE OF BIRTH (month, day, year) Oct 6th 1864

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | 11 | | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME Dr H Shaw

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

. MAIDEN NAME Annie E Kelley

. BIRTHPLACE (city or town) Baltimore Md
(State or country)

NFORMANT Mrs J. C Hill

(Address) 1220 Bonaparte Ave

URIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Sept 9th 1935

NDERTAKER Henry H Jenkins Sons

(Address) Eutaw & Mt Carmel Ave

LED 9-10-1935 Huntington, Williams Co. W. Va.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to Sept 6 1935.

I last saw h[illegible] alive on Sept 6 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| three hours duration | |

Other contributory causes of importance

Osteitis Deformans
Cardiac Dilatation

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H O Kelley M. D.

(Address) 100 N Linwood Ave.

D. B. 1268-9 F 15773

F 15773

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Boy Carroll.

(a) Residence: No. 236 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Black | Single. |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 25 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

9. Date deceased last worked at this occupation (month and year) —

10. Total time (years) spent in this occupation —

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Carroll

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Katherine Blackistone

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Sept 7, 1935

18. UNDERTAKER City
(Address)

19. FILED ..... 19 ..... Registrar.

1698

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/2/, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1935, to Sept 2nd, 1935.

I last saw him alive on Sept. 2nd, 1935. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

Pneumonia by Respiratory Infection — Date of onset 8/5/35

Other contributory causes of importance: — Date of onset 8/1/35

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Warren Albellain M. D.

(Address) University Hospital

over.

F 15774 Gochnauer F 15774

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

PLACE OF DEATH Maryland General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Charles W Gochnauer

(a) Residence: No. 1820 E 30 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married. |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs C W Gochnauer

DATE OF BIRTH (month, day, year) April 20, 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 4 | 17 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDonald Cycle Co

8. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 5 yrs

9. BIRTHPLACE (city or town) (State or country) Detroit Virginia

10. NAME OF FATHER David Gochnauer

11. BIRTHPLACE (city or town) (State or country) Va

12. MAIDEN NAME OF MOTHER Elizabeth B Markley

13. BIRTHPLACE (city or town) (State or country) Va.

14. INFORMANT Hospital Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 9 9 19

16. UNDERTAKER 7 McCurdy
(Address) 1217 St Paul St

FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-3 1935, to 9-7 1935

I last saw him alive on 9-7 1935 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Myocardial failure | 7-35 |
| Prostatic Hypertrophy (Benign) | |
| Other contributory causes of importance: | |
| Bronchopneumonia | 7-7-35 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

Interment for Arlington, N.J.

F 15775

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. 15775

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 West Gate Rd St., (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Amanda E Stansfield

(a) Residence: No. 424 West Gate Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Stansfield

DATE OF BIRTH (month, day, year) Aug. 2- 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 1 | 4 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pheffers Corner Md

6. NAME John D Helm

7. BIRTHPLACE (city or town) (State or country) Balto Md

8. MAIDEN NAME Sarah J Syndel

9. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ella Beall

(Address) 424 West Gate Rd

BURIAL, CREMATION, OR REMOVAL

Place Mount Vernon Date Sept 9 1935

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 1935 to Sept 6 1935

last saw h[illegible] alive on, Sept 5 1935 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary artery disease | Unknown |
| Myocardial insufficiency | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irvin Shorey M. D.

(Address) 3411 Forest Park ave

F 15976

F 15976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hoopt St. 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

FULL NAME Violet Schaum

(a) Residence: No. 13 W. Randall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Schaum

DATE OF BIRTH (month, day, year) 11-20-1907

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 27 | 9 | 16 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10. NAME OF FATHER John Cooper

11. BIRTHPLACE (city or town) (State or country) ?

12. MAIDEN NAME OF MOTHER Charlotte Kennedy

13. BIRTHPLACE (city or town) (State or country) ?

14. INFORMANT Balto. City Hoopt

(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Pt. Olivet Date 9/9/35

16. UNDERTAKER Wm Cook & Son

(Address) 1214 E. Fayette St.

17. FILED 1935 ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22-1935 to 9-6-1935

I last saw her alive on 9-6-1935 Death is said to have occurred on the date stated above, at 12 50/60 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | 7 |
| | 4 |
| | |

Other contributory causes of importance: Multiple state Carcinomatosis Intestines & Peritoneum Secondary anemia. 7

Was an operation performed? Yes Date of ?

For what disease or injury? ?

Name of operation Biopsy Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto. City Hoopt

15777 15777

15778 15778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 78

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Arthur Frederick

(a) Residence: No. 414 W Fayette St., ..... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Frederick

DATE OF BIRTH (month, day, year) 4-28-84

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 4 | 8 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) md
12. NAME Joshua C Frederick
13. BIRTHPLACE (city or town) (State or country) md
14. MAIDEN NAME Della Mitchell
15. BIRTHPLACE (city or town) (State or country) md
16. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)
17. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 9/10 1935
18. UNDERTAKER Wm Cook (Address) 1217 E Fayette St
Filed SEP 8 - 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1935 to Sept 6 1935
I last saw him alive on Sept 6 1935. Death is said to have occurred on the date stated above, at 1112 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Brain Abscess | |
| Orbital cellulitis, Rt | |

Other contributory causes of importance:

Was an operation performed? yes Date of Sept 5 1935
For what disease or injury? Brain Abscess
Name of operation Multiple Brain Taps. Date of 9-5-35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred W Geib M. D.
Johns Hopkins Hospital

D. F 15778 ✓ F 15778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

177 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Mount St., 16 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Elizabeth Dyer

(a) Residence: No. 1025 Mount St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 22 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 19 | 11 | 13 M | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Ernest Dyer

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jennie Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irvin Dyer

(Address) 1025 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Aug 9 35 19

19. UNDERTAKER Thomas E. Kalson

(Address) 1303 Presstman St.

FILED 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 . 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Intramural pneumonia | Sept 4 1935 |
| Other contributory causes of importance: Cerebral Hemmorhage | Sept 35 |

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 507 Arlington Ave

15779 F 15778 F 15779

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hospt. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Martin Biza

(a) Residence: No. 723 N. Belnord Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Dina Biza

ATE OF BIRTH (month, day, year) 3-15-1879

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 5 | 20 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none — dead

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Biza

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Antoinette ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Balto City Hospt

(Address) Record

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 9 1935

UNDERTAKER William Fraser & Son

(Address) 1618 Eastern Ave

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1935 to 9-5 1935

I last saw him alive on 9-4 1935. Death is said to have occurred on the date stated above, at 8:50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 7 |
| Other contributory causes of importance: Metastatic Carcinoma of liver & peritoneum | 9 |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J. Martin M. D.

(Address) Balto City Hospt

15780 F 15780

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hosp. St., 7 Ward)

gth of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Dworeczki or Kic

(a) Residence: No. 1608 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) 1853

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Christ Zach

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hosp. Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 9, 1935

UNDERTAKER John M. Wiley
(Address) 640 Huntington Ave Baltimore, Md.

FILED Sept 9 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1926, to Sept 6, 1935

I last saw her alive on Sept 6, 1935 Death is said to have occurred on the date stated above, at 10-10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Myocardial insufficiency and failure | 7-27-35 |
| | |
| Other contributory causes of importance: | |
| Emphysema | Unknown |
| Varicose veins of legs | " |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. De Santalle M. D.

(Address) Baltimore City Hospitals

F 15781

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15781

29554

23

Registered No.

PLACE OF DEATH Johns Hopkins Hospital St., 16 Ward) Caler 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ) St., Ward)

rth of residence in city or town where death occurred 44 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME M. Lee Earp

(a) Residence: No. 2802 Edmondson Ave St., Ward. Caler 6

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | white | married |

married, widowed, or divorced HUSBAND of (or) WIFE of unknown

TE OF BIRTH (month, day, year) July 7-1891

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 2 | 0 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman 0006

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation Seven

IRTHPLACE (city or town) (State or country) Maryland

3. NAME Leroy J Earp

. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME Clara Pruitt

6. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION OR REMOVAL

Place Baltimore Date Sept 9 1935

NDERTAKER Towell & Byers, Inc

(Address) 2324 Edmondson Ave

Filed Sept 9 1935 Williams, M.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1935 to Sept 7, 1935

I last saw him alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 7 35 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Bacilli identified in sputum Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Alfred Hellman Jr. M. D.

(Address) Johns Hopkins Hospital

15782 ✓ F 15782

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93c

## CERTIFICATE OF DEATH

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1610 Bolton St. St., 14 Ward)

th of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

FULL NAME Margaret W. Stevenson

(a) Residence: No. 1610 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | white | single |

married, widowed, or divorced
HUSBAND of
for) WIFE of

TE OF BIRTH (month, day, year) July 9, 1871

| E Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 1 | 27 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md.

. NAME George E. Stevenson

. BIRTHPLACE (city or town) (State or country) Penna.

. MAIDEN NAME Mary B. Snyder

. BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT (Address) David H. Stevenson 111 Deep Dean Road

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 9. 1935

NDERTAKER (Address) John O. Mitchell Sons 1900 Eutaw Place

ILED 9 - 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to 9/6, 1935

I last saw he alive on 9/6, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1931 |
| | |
| Other contributory causes of importance: | |
| | over |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. D. Hurst M. D.

(Address) 1403 Park Ave.

F 15783 ✓ F 15783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 206 E. Lake Ave. St., 27 Ward)

th of residence in city or town where death occurred 80 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Anna Imwold

(a) Residence: No. 206 E. Lake Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Imwold

TE OF BIRTH (month, day, year) Sept. 30. 1854

| GE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 80 | 11 | 6 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md.

. NAME Frederick Kayser

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Marie Grandfelter

. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mrs. Olga M. Berndt

(Address) 206 E. Lake Ave.

URIAL, CREMATION, OR REMOVAL

Place Koudan Park Date Sept 9. 1935

NDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

ILED Sept 9 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1918 to Sept. 6 1935

I last saw h.w. alive on Sept 6 1935 Death is said to have occurred on the date stated above, at 11.10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with Arterio Sclerosis | (about 1918) |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jno. M. Dabney, M. D.

(Address) Ruxton Md.

F 15784

15784

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4137 Eisman Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

FULL NAME Rose Nickerson

(a) Residence: No. 4137 Eisman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of James Nickerson

6. DATE OF BIRTH (month, day, year) July 5th - 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 58 | 2 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME John McDonald

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT James Nickerson

(Address) 4137 Eisman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Sept 27 1935

19. UNDERTAKER John J. Kirkley

(Address) 334 Lexington St.

20. FILED 19 By

Registrar

SEP - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 35 to Sept 6 35

I last saw him alive on Sept 5 35 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1 yr |
| Other contributory causes of importance: Chronic Endocarditis | 2 yrs |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. K. Gray, M. D.

(Address) 677 N. Howard St.

F 15785 ✓ F 15785

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 134

PLACE OF DEATH Maryland Gen'l Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Prescott Morningstar

If U. S. Veteran specify WAR .....

(a) Residence: No. 2405 Elsinor Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed or divorced HUSBAND of ~~last WIFE~~ Rosina Morningstar

DATE OF BIRTH (month, day, year) July 25, 1868

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 1 | 11 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Associate Members of Insurance agency

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maury Donnelly, Parr Insurance Co.

8. Date deceased last worked at this occupation (month and year) Aug. 27, 1935

11. Total time (years) spent in this occupation 38 yrs

9. BIRTHPLACE (city or town) (State or country) Frederick Md.

10. NAME Jeremiah Morningstar

11. BIRTHPLACE (city or town) (State or country) Frederick Maryland

12. MAIDEN NAME S. Margaret Simms

13. BIRTHPLACE (city or town) (State or country) Kentucky

INFORMANT Charles G. Morningstar

(Address) 315 W. Lafayette Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 2, 1935

UNDERTAKER Vasey & Cook

(Address) 1003 W. Baltimore St.

FILED 9-1935 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1935, to 9-5, 1935

I last saw him alive on 9-5-35, 19.... Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremic calculus. | |
| Gangrene of ileum | |
| | |
| | |

Other contributory causes of importance:

Myocardial failure

Was an operation performed? Yes Date of 8-29 & 9-3

For what disease or injury? Uremic Calculus - Gangrene Ileum

Name of operation (1) Supra pubic prostatectomy (2) Intestinal resection Date of 8-29 & 9-3

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Ramsey M. D.

(Address) Maryland General Hosp

F 15786

F 15786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15786

94-B

Registered No. 49201

PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Monroe St., 19 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 0 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

FULL NAME Ida G. Ball

(a) Residence: No. 208 N. Monroe St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced WIFE of (or) HUSBAND of ---------

DATE OF BIRTH (month, day, year) ---------

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| About 65 | --- | --- | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME John H. Ball

13. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

14. MAIDEN NAME Mary C. Carr

15. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Mary J. Lyon

(Address) Calvert & 31st Sts

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 9/9 1935

UNDERTAKER Henry W. Mears & Son

(Address) 805 N. Calvert St.

FILED 9-1935 Director of Vital Statistics

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935 to Sept 7, 1935

I last saw her alive on Sept 6, 1935. Death is said to have occurred on the date stated above, at 1.40a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 9/1/35 |
| Arterio-Sclerosis | Unk. |

Other contributory causes of importance:

| | |
|---|---|
| Gastro Enteritis | 9/5/35 |

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. Neill, M. D.

(Address) 105 N. Fulton Ave

F 15787 ✓ F 15787

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 W. Lexington St., 19 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ola Price

(a) Residence: No. 1509 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

If married, widowed, or divorced (HUSBAND of) (or) WIFE of Morris Price

DATE OF BIRTH (month, day, year) 7/12/1904

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 1 | 23 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic W37

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 8/1/35

11. Total time (years) spent in this occupation 10 yrs

BIRTHPLACE (city or town) (State or country) Darlington, S.C.

13. NAME Anderson James

14. BIRTHPLACE (city or town) (State or country) Darlington S.C.

15. MAIDEN NAME Dora Hawkins

16. BIRTHPLACE (city or town) (State or country) Darlington S.C.

INFORMANT Samuel D. [illegible]

(Address) 917 W. Lafayette St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept. 8, 1935

UNDERTAKER Chandler P. Cooper

(Address) 544 N. Calhoun St.

FILED Baltimore Alliance, Md. 9/8/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/1935

22. I HEREBY CERTIFY, That I attended deceased from 8/6/1935 to 9-8-1935

I last saw h[illegible] alive on 9/8/1935 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

(a) Acute Pulmonary Path — Date of onset 8/6/35

Other contributory causes of importance

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed H. N. Hatcher M. D.

(Address) 1 W. Saratoga St. 9/8/35

F 15788

F 15788

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward J. Byrnes

(a) Residence: No. 512 Beaumont St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 10 1890

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 6 | 5 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gunther Brewing Co

8. Date deceased last worked at this occupation (month and year) Sept 1-1935

11. Total time (years) spent in this occupation 6 mos

9. BIRTHPLACE (city or town) (State or country) Balt

10. NAME James P Byrne

11. BIRTHPLACE (city or town) (State or country) Washington D C

12. MAIDEN NAME Catherine Hamilton

13. BIRTHPLACE (city or town) (State or country) Balt

14. INFORMANT Nell Byrnes

(Address) 512 Beaumont Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Sept 9 1935

16. UNDERTAKER Bolgano & Talbot

(Address) 1300 Eastern Ave

17. FILED Sept 7 1935 Pennington Whitaker Clerk

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Sept 6 1935

I last saw him alive on Sept 6 1935 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 9-2-35 |
| Paralytic Ileus | 9-2-35 |
| Strangulated Ventral Hernia | 9-2-35 |
| Bronchial Pneumonia | 9-4-35 |

Other contributory causes of importance:

Name of operation Ileostomy Date of 9-5-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earle B. Phelps M. D.

(Address) Sinai Hospital

15789 F 15789

346 X 13-D

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 7 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR X

FULL NAME Rose Marie Grey

(a) Residence: No. Oakley Rd. St., Ward. Parkville Md
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | |

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) 4/19/35

| E Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 18 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation —

IRTHPLACE (city or town) (State or country) Md —

. NAME Alta Grey

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Eliz - Johnson

. BIRTHPLACE (city or town) (State or country) Md —

NFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Morland Mem. Park Date Sept 9th 1935

NDERTAKER LeRoy L. Hedges

(Address) 6209 Belair Road Balto

9-8-1935 Signature of Undertaker or Undertaker's Agent Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept-3 1935 to Sept-7 1935

I last saw her alive on Sept-7 1935 Death is said to have occurred on the date stated above, at 11 50 a m.

The principal cause of death and related causes of importance were as follows:

Dysentery bacillary — Date of onset 9 days ago

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John D. Washington M. D.

(Address) Johns Hopkins Hospital

F 15790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15790

## CERTIFICATE OF DEATH

#107-a

Registered No. .....

(If death occured in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. Balto. City St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Grafe

(a) Residence: No. Owings Mills Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Grafe

DATE OF BIRTH (month, day, year) Dec 25 1859

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 8 | 13 14 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Co

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Walter L. Grafe

(Address) Owings Mills Md

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 10, 1935

UNDERTAKER J. F. Bines & Sons

(Address) Reisterstown Md.

FILED ..... 19..... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935, to Sept 8, 1935

I last saw him alive on Sept. 6, 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

[redacted]

Urinary retention

Prostatic hypertrophy

Date of onset: 9-2-35 / 9-4-35

Other contributory causes of importance:

Bronchopneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Retal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M Carter, M. D.

(Address) .....

F 15791

F 15791

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Ina De Vault

(a) Residence: No. 808 Potomac Ave St., ..... Ward. Fairmont, W. Va.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola De Vault

DATE OF BIRTH (month, day, year) February 27, 1868.

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | 6 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Thornton De Vault

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Nancy Pritchett

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Record Room

(Address) John Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont W Va Date 9/8/35 19

19. UNDERTAKER John E. Mitchell Sons

(Address) 1900 Eutaw Place.

20. FILED 9-8-1935 Huntington, West Virginia

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy of Prostate | |
| Chronic Interstitial Nephritis | |

Other contributory causes of importance: Uremia — Cerebral Concussion

Was an operation performed? Yes Date of September 5, 1935

For what disease or injury? Hypertrophy of Prostate

Name of operation Cystotomy Date of Sept 5-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 8 1935

Where did injury occur? John Hopkins Hospital - Balto. Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fall to floor

Nature of injury Cerebral Concussion

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 919 E. North Ave

15792

F 15792

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 McKean ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Donaldson

If U. S. Veteran specify WAR Spanish War

(a) Residence: No. 2016 McKean ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Donaldson

6. DATE OF BIRTH (month, day, year) May 2, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 4 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Mary Donaldson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Sarah Beahl

16. BIRTHPLACE (city or town) Frederick (State or country) Md

INFORMANT Mary E. Donaldson

(Address) 2016 McKean ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 9 1935

UNDERTAKER P. Deeger

(Address) 1520 Eastern Ave

FILED ... 19... Registrar

Washington Hollows

6 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Gastritis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. Nam Coroner, M. D.

(Address) 215 Hanover

F 15793

D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15793

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3404 Ellamont St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Mc Donald Rd

If U. S. Veteran specify WAR .....

(a) Residence: No. 3404 Ellamont St., Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Ann Virginia Donald

6. DATE OF BIRTH (month, day, year) Aug 1 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 1 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Power Co

10. Date deceased last worked at this occupation (month and year) 1901

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Donald

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Maggie Dolf

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Ann Virginia Donald

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date Sept 9 1935

19. UNDERTAKER Wm J Zerkow & Son

(Address) 1216 Harlem Ave

Huntington Williams

Registrar.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. Found dead a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

| Date of onset |
|---|
| |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Hann Coroner, M. D.

(Address) 1216 Harlem Ave

F 15794

D. B. 1268-9

15794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St., W Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Le Roy Savage Jr

(a) Residence: No. 1121 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/10/34

| AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 1 | 17 5 | 27 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leroy Savage

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Estes L. Christopher

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Leroy Savage
(Address) 1121 N Calhoun st

18. BURIAL, CREMATION, OR REMOVAL Date 9/9/35
Place Mt Calvary

19. UNDERTAKER Wm A Carlson
(Address) 1116 Pennsylvania Ave

Huntington Milwaukee, Wis. 19

Registrar.

FILE 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Sept 7 1935.
I last saw h.. alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Colostomy Date of 9/3/35

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Warren Abbott M. D.

(Address) Univ. Hospital

F 15795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15795

## CERTIFICATE OF DEATH

53-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hospt. St., 8 Ward)

gth of residence in city or town where death occurred ..yrs. —mos. —ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR.....

FULL NAME Eva Norris

(a) Residence: No. 1405 N. Dallas St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Norris

ATE OF BIRTH (month, day, year) Dec. 1 1882

| GE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 52 | 3 9 | 4 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

8. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ? Va

13. NAME James Norris

14. BIRTHPLACE (city or town) (State or country) ? Va

15. MAIDEN NAME Sarah Griffith

16. BIRTHPLACE (city or town) (State or country) ? Va

NFORMANT Balto City Hospt

(Address) Records

URIAL, CREMATION, OR REMOVAL

Place Mills Wharf Cemetery Date 9-9 1935

Thurmont Md. Co. Va.

NDERTAKER Byron Mamer & Wright

(Address) 1218 N. Calvert St. Baltimore, Md.

1935 ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1935 to 9-5 1935

I last saw her alive on 9-4 1935 Death is said to have occurred on the date stated above, at 1.40 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cervical Adenitis (Primary) | 3 mos. |
| Malignant Carcinomatous Ulceration | |
| Metastatic Carcinoma of Brain | 1 mo. 2 days |

Other conditions contributing to cause of importance:

Was operation performed? yes Date of 7-15-35

For what disease or injury? Cervical Adenitis

Name of operation Excision of Gland of Neck Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..If so, specify .....

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt

. B. 1268-9

F 15796

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15796

## CERTIFICATE OF DEATH

1121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1035 N. Fulton Ave. St., 16 Ward)

th of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

FULL NAME Clara Margaret Jones

(a) Residence: No. 1035 N. Fulton Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Jones

ATE OF BIRTH (month, day, year) Dec. 6, 1891.

| GE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | 8 | 29 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

9. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles F. Schaal

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary E. Harvey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT John E. Jones

(Address) 1035 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Sept. 9- 1935

UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

FILED 1935 Huntington Williamson Registrar. MD

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3. 1935 to September 5. 1935.

I last saw her alive on September 5. 1935. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral regurgitation | June 1935 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| None | |
| | |

Name of operation Pericardiotomy Date of Aug. 27, 35

What test confirmed diagnosis? Edema. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

B 1268-9

F 15797

15797 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH Looke Insulator Co pronounced dead at (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. South Baltimore General Hospital Ward)

th of residence in city or town where death occurred 68 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Christopher J. Franz.

(a) Residence: No. 1041 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| le | White | Married |

married, WIFE of XXXXXXXXXXXX HUSBAND of Birnadena Franz.

TE OF BIRTH (month, day, year) October 12, 1866

| E Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 68 | 10 | 25 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insulator worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

Date deceased last worked at this occupation (month and year) 9/6/35

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME John Franz.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Catherine Keller.

BIRTHPLACE (city or town) (State or country) Germany.

FORMANT (Address) Birdanena Franz, (wife) 1041 Riverside Ave.

IAL, CREMATION, OR REMOVAL Date 9-9th, 1935

NDERTAKER (Address) Bernard E. Hahn 121 E. 22nd St.

LED. 9-1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion due to | |
| Coronary sclerosis. | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis: autopsy & inquiry Was there an autopsy: Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

9/9/35 (Address) 1017 E. Charles St.

15798 F 15798

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Univ Hospital St., 3 Ward)

th of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Mrs Ida Vackos

(a) Residence: No. 1636 Eastern Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | W | Married |

married, widowed or divorced HUSBAND of (or) WIFE of Antonio Vackos

TE OF BIRTH (month, day, year) Sept 26 1912

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 22 | 11 | 10 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Housewife)

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Boys Italy

. NAME Phillip Senapoli

4. BIRTHPLACE (city or town) (State or country) Italy

5. MAIDEN NAME Unk.

6. BIRTHPLACE (city or town) (State or country) Italy

NFORMANT Antonio Vackos.

(Address) 1636 Eastern Ave

URIAL, CREMATION, OR REMOVAL

Pla Holy Redeemer Sept. 10. 1935

NDERTAKER F W Brazenor

(Address) 1930 Eastern ave

ILED SEP 9 - 1935 Huntington Ave Cemetery

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4 1935 to Sept. 8 1935

I last saw her alive on Sept 8 1935. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were:

| | Date of onset |
|---|---|
| Chronic Glomerula Nephritis | 1931 |
| Uremic Coma | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. S. Dickey M. D.

(Address) University Hosp.

H. D. B 1268-9

F 15799

5799

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH St. Agnes Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred Forty Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Myers (MEYER)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2638 St. Benedict St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Myers (MEYER)

DATE OF BIRTH (month, day, year) June 7th. 1872

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 3 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Pa,

13. NAME Mary Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kuhn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles A. Myers (MEYER)

(Address) 2638 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cem. Date Sept. 9 1935

19. UNDERTAKER H. B. Kirkpatrick Sons

(Address) Funeral Directors

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6th 35 ET 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above, 1,20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Parenchimatous Nephritis | 1931 |

Other contributory causes of importance:

Obesity,

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Dropsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos H Pinckney M. D.

Coroner

(Address) 1939 Edmondson Ave.

. B. 1268-9

F 15800

5801 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1734 Bank St., V Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Emma E. Matthai

(a) Residence: No. 1734 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Single |

f married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

TE OF BIRTH (month, day, year) March 21.1860

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 5 | 14 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country)

. NAME Christian E. Matthai

. BIRTHPLACE (city or town) Germany
(State or country)

. MAIDEN NAME Elizabeth Miller

. BIRTHPLACE (city or town) Baltimore
(State or country)

NFORMANT Miss Amelia Matthai (sister)

(Address) 1734 Bank St.

URIAL, CREMATION, OR REMOVAL
Place don Park Cemetery Date Sept.9.1935

RY SANDER & SONS. INC. Geo. T. Sander
NDERTAKER
(Address) Baltimore & Broadway.

ILED 1935 Huntington Williams M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept.5.1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Sept 5 1935

I last saw her alive on Sept 4 1935 Death is said to have occurred on the date stated above, at 2.00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 7/5/35 |
| Arteri Sclerosis | 6 mos |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis Physical signs Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Chas. S. Neer M. D.

(Address) 408 Patterson Park Ave

R 1268-9

5801 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15801

# CERTIFICATE OF DEATH

94-B Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1507 Hanover St. St., 23 Ward)

th of residence in city or town where death occurred 32 yrs. ; mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sudie West.

(a) Residence: No. 1507 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

married, w[illegible] George C. West.
or) WIFE of

TE OF BIRTH (month, day, year) March 4, 1883

| E Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 6 | 3 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Virginia.

NAME John Tyndall.

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Elizabeth Millier.

BIRTHPLACE (city or town) (State or country) Virginia.

FORMANT Otho K. West.(son)
Address) Severn, A.A.Co.Md.

RIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible], 1935

NDERTAKER
Address)

1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary sclerosis. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Leonhardt, M. D. Coroner

9/9/35 (Address) 1017 N. Charles St.

5802 F 15802

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

114B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Francis Hammond

(a) Residence: No. 1409 Clarkson St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) Apr. 13, 1881

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 4 | 24 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rosa Tall

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Sept 12, 1935

UNDERTAKER C. Howard Evans
(Address) 1400 or 2 Charles St

FILED 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1935 to September 7, 1935

I last saw him alive on Sept 7, 1935 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung abscess | Feb. 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | over |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical-pathological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. G. De Santella, M. D.

(Address) Baltimore City Hospitals

5803 F 15803

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Baby Boy Knox

(a) Residence: No. 1224 Argyle Ave (Mother) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single. |

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/28/35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 10 | 9 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant dead

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ? Unknown.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Knox

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mother, Mary Knox. (Address) 1224 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Sept 9 1935

19. UNDERTAKER (Address)

20. FILED 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1935 to 9/7 1935

I last saw him alive on 9/7 1935. Death is said to have occurred on the date stated above, at 6:20 PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Exfoliative dermatitis | 9/3/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Rosenbaum Jr. M. D.

(Address) Balto. City Hospital.

5804 ✓ F 15804

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (7th Div. 23) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 18 Ward)

gth of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Cleveland Preacher

If U. S. Veteran specify WAR .....

(a) Residence: No. 560 Pierce St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | Black | Married |

f married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lucie Preacher

ATE OF BIRTH (month, day, year) April 23, 1911

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 24 | 4 | 5 | |

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete finisher

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co.

. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) North Carolina.

3. NAME George Preacher

4. BIRTHPLACE (city or town) (State or country) South Carolina

5. MAIDEN NAME Dolen Fussman

6. BIRTHPLACE (city or town) (State or country) North Carolina

NFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Sept 9, 1935

UNDERTAKER .....
(Address)

FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to August 30, 1935

I last saw him alive on August 30, 1935. Death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Jan. 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals

✓ F 15805

5805 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St St. 10 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Elmer J. Cake

(a) Residence: No. Little Sisters of the Poor, 1200 Valley St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Buckett

DATE OF BIRTH (month, day, year) March 1-1862

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 6 | 8 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

11. Total time (years) spent in this occupation .....

12. Date deceased last worked at this occupation (month and year) .....

BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

13. NAME Effinger Cake

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Margaret Schlough

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Sister Stanislas, Supr.

(Address) 1200 - Valley St. Balt. Md.

BURIAL, CREMATION, OR REMOVAL

Place Reading Pa. Date Sept 10. 1935

UNDERTAKER Reid Mudefield

(Address) 914 Fremont Ave

FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1935 to September 9 1935.

I last saw him alive on Sept 7 1935. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Parenchymatous Nephritis | 9/9/35 |
| Other contributory causes of importance: Edema of Lungs | 9/7/35 |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1631 E. North Ave

3459

✓ F 15806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

TY OF BALTIMORE: (No. 2101 E. Eager St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Albert Hammerbacker

If U. S. Veteran specify WAR X

(a) Residence: No. 2101 E. Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) 6-27-35

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 2 | 11 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) Balto
(State or country) Md

10. NAME Frederick Hammerbacker

11. BIRTHPLACE (city or town) Pittsburg
(State or country) Pa ~~Md~~

12. MAIDEN NAME Charlotte Haslup

13. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HO

BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept 10 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

1935 ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 8, 1935
I last saw him alive on Sept 8, 1935 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 9-2 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify

(Signed) John J. Conley Jr M. D.

(Address) Johns Hopkins Hosp.

Rec'd

5807 HEALTH DEPARTMENT—CITY OF BALTIMORE 15997

# CERTIFICATE OF DEATH

97

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Bernard St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Nettie M. Paul.

(a) Residence: No. 2831 Bernard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Paul.

DATE OF BIRTH (month, day, year) May 2 1879.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 4 | 6 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

NAME Daniel Merryman.

BIRTHPLACE (city or town) (State or country) md.

MAIDEN NAME Debna ?

BIRTHPLACE (city or town) (State or country) md.

INFORMANT Nelson Paul.

(Address) 2831 Bernard St.

BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Balto Co. md. Date Sept. 10, 1935

UNDERTAKER Chenoweth Bros.

(Address) 345-17 Belmont Ave.

FILED , 19 Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to Sept 8, 1935

I last saw h. alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 11 52 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis with Hypertension | Unknown |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Edmondson M. D.

(Address) 7923 St Paul St

D. P. 1268-9

✓ F 15808

5808

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

. PLACE OF DEATH

TY OF BALTIMORE: (No. Johns Hopkins Hospital St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Baby Jak

(a) Residence: No. 1315 Rutland Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) August 13, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ..8.. hrs. or ....min. |
|---|---|---|---|---|
| | | | 0 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
9. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) .....
(State or country)

13. NAME John Jak

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Lena Woods

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. Hmed School Date Sept 9 1935

UNDERTAKER .....
(Address)

FILED ..... 19..... [illegible]

1935 1.05 8

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-24-35 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23-35, 19.., to 8-24-35, 19.....

I last saw him alive on 8-24-35, 19.... Death is said to have occurred on the date stated above, at 1 00 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Whitridge Jr M. D.

(Address) Johns Hopkins Hospital

F 15809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15809

## CERTIFICATE OF DEATH

Registered No. 22

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 8 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Jean Lee

(a) Residence: No. 2042 Llewellyn Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| 3. | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | single |

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug 16 1935

| GE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | | 18 | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME Valley Lee

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Catherine Divers

. BIRTHPLACE (city or town) (State or country) Virginia

NFORMANT Records.
(Address)

URIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS HOSPITAL Date Sept 9 1935

NDERTAKER .....
(Address)

1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1935 to Sept 2, 1935

I last saw her alive on Sept. 2, 1935 Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tetanus (bacillary) | Aug 20 |
| Paralytic Ileus | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Marshall, Jr. Co. M. D.

(Address) Johns Hopkins Hosp.

(Russell) ✓ F 15810

5810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

×51-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Montie Russell

(a) Residence: No. St. Georges Island Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 0 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

13. NAME Edward. Russell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Milray Russell

(Address) St. Mary's Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Georges Island Md Date 9/11 1935

19. UNDERTAKER Wm. C. Mattingly

(Address) Leonardtown Md

20. 1935 Harrington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1935, to Sept 9, 1935

I last saw h... alive on Sept. 9, 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ① Uremia | ? |
| ② Prostatic hypertrophy | aug |

Other contributory causes of importance:

Was an operation performed? yes Date of 8/30/35

For what disease or injury? Prostatic hypertrophy

Name of operation Supra pubic prostatectomy 8/30/35

What test confirmed diagnosis? The removed gland Was autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D. Gunaven M. D.

(Address) Mercy Hosp

D. B. 1268-9

(Chinn) ✓

F 15811

811

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 704 Bruce St 46 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W Chinn

(a) Residence: No. 704 N Bruce St Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary B Chinn

6. DATE OF BIRTH (month, day, year) July 14 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 37 | 6 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME of Father Robt E Chinn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Robt W Chinn

(Address) 704 Bruce St

BURIAL, CREMATION OR REMOVAL

Place [redacted] Sept 10 19

UNDERTAKER Standard Funeral

(Address) 1000 Pennsylvania Ave

FILED 1935 Sept 10 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935 to Sept 8 1935

I last saw h alive on Sept 8 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | July 24 1935 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 1011 Bramhall Ave

. D. B. 1268-9

✓ F 15812

15812 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

45-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Fort Ave & Fayette 6 St., ..... Ward)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua James Le Compte

(a) Residence: No. 2416 E. Fayette St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | W |

If married, widowed, or divorced: BUSBAND of (or) WIFE of Joseph H. Le Compte

DATE OF BIRTH (month, day, year) 3-17-1851

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | 5 | 22 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 60 yrs

BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT H. Elmer Le Compte

(Address) 2324 McElderry

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept 10 A 1935

UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St

FILED 1935 Sept 11 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to Sept 8 1935

I last saw h... alive on Sept 7 1935 Death is said to have occurred on the date stated above, at 3-4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Buccal Cavity | 1 yr |
| | prior |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis & Exhaustion | prior |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Cook M. D.

(Address) 413 N. Washington

F 15813

5813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Orleans St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Alfred Lafouraille

If U. S. Veteran specify WAR

(a) Residence: No. 1435 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or WIFE of) Ella Lafouraille

6. DATE OF BIRTH (month, day, year) Apr. 21 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 4 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month, year) Sept. 1935

11. Total time (years) spent in this occupation. 60 yrs

12. BIRTHPLACE (city or town) (State or country) Balt

13. NAME OF FATHER Alfred P. Lafouraille

14. BIRTHPLACE OF FATHER (city or town) (State or country) Balt

15. MAIDEN NAME OF MOTHER Eugenia Revorse

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

17. INFORMANT Family (Address) 1435 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept. 10, 1935

19. UNDERTAKER John A. Myers (Address) 3000 E. Baltimore St.

20. FILED SEP 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to Sept 7, 1935

Last saw him alive on Sept 7, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of coronary vessel | |
| one hours duration | |
| Other contributory causes of importance: | |
| Sclerosis & Thrombosis of coronary arteries | |
| about 6 mths duration | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B V Kelly M. D.

(Address) 100 N Linwood Ave

D. B. 1268-9

# 5814 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 127 F 15814

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2538 Druid Hill Ave. St., 13 Ward)

gth of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Barnes

(a) Residence: No. 2538 Druid Hill Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | colored | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kate Barnes

ATE OF BIRTH (month, day, year) Sept 17, 1870

| GE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 11 | 21 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Mary's Co. Md
(State or country)

13. NAME Louis Barnes

14. BIRTHPLACE (city or town) St Mary's Co Md
(State or country)

15. MAIDEN NAME Emmeline Gaines

16. BIRTHPLACE (city or town) St Mary's Co Md
(State or country)

NFORMANT Helen Parker
(Address) 2538 Druid Hill Ave

URIAL, CREMATION, OR REMOVAL
Place St Peters Date 9/10 1935

NDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

FILED 9/10 1935 By E. T. Illegible Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2d 1935 to Sept 7th 1935
I last saw him alive on Sept 5th 1935. Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis: Diarrhoea began three weeks ago after eating a meat stew. | 8:17:35 |
| Other contributory causes of importance: Uremia: three days | 9:5:35 |

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. B. Evans M. D.
(Address) 652 W. Franklin St

D. B 1268-9

5815 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15815

Daniel W Darby Jr

## CERTIFICATE OF DEATH

13-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward) 16-1

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Daniel W Darby Jr.

(a) Residence: No. 1002 W Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | S |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25-1934

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 0 | 8 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Daniel W Darby Sr

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME Ova Green

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Daniel W Darby Sr
(Address) 1002 W Lafayette

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Sept 10th 1935

UNDERTAKER Archibald F Haddock
(Address) 2101 N Eutaw St.

Sept 10 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bacillary Dysentery | Sept 3 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Clinical as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

(Address) Lafayette

. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

816 F 15816

## CERTIFICATE OF DEATH

V 168

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No Mercy Hospital St., 3 Ward)

th of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 23 yrs. ..... mos. ..... ds.

FULL NAME Stephen Richuk

(a) Residence: No. 842 E. Pratt St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### ERSONAL AND STATISTICAL PARTICULARS

| X | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year)

| GE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | | | |

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mills

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Russia
(State or country)

. NAME

. BIRTHPLACE (city or town) Russia
(State or country)

. MAIDEN NAME

. BIRTHPLACE (city or town) Russia
(State or country)

FORMANT Ignatz Merimeichuk
(Address) 1101 E. Pratt St.

URIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian A.R.Co. Date Sept - 10 1935

NDERTAKER John Greblunchas
(Address) 923 S. Paca Street

LED. 10 1935 Registrar.

Hunting Park Ave. Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock & Hemorrhage Caused by Lacerations to neck Abdomen & testes | 9/7/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Injury 9/7 1935

Where did injury occur? 842 E. Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slashed self with Razor

Nature of injury Lac. Neck, Eviscerated kidney, Cut testicle

24. Was disease or injury in any way related to occupation of deceased? No If so, when? .....

(Signed) Elvin B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

D. B 1268-9

F 15817

15817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Union R.R. Station 14 St., ..... Ward)

gth of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John W. Patterson

(a) Residence: No. 2004 Madison Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

ATE OF BIRTH (month, day, year) Sept. 9, 1866

| GE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 10 | 28? | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

IRTHPLACE (city or town) Richmond Va
(State or country)

. NAME unknown

. BIRTHPLACE (city or town) unknown
(State or country)

. MAIDEN NAME Eliza Patterson

. BIRTHPLACE (city or town) Va
(State or country)

FORMANT Emily Patterson
(Address) 2004 Madison Ave

URIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept 10, 1935

NDERTAKER Samuel W. Chase & Son
(Address) 638 N. Gilmor

Huntington Williams, M.D.
Registrar.

0 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10?? m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/6/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | 2 yrs |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas T. Wallace M. D.

(Address) 1031 St. Paul St Coroner

F 15818

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15818 J 66-B

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Somerset St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

FULL NAME Mary M. Borgmeier

(a) Residence: No. 939 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) February 4 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 7 | 4 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adam Borgmeier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary M. Hamper

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Margaret Borgmeier
(Address) 939 Somerset St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Sept 12, 1935

UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 1301 E Baltimore St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935, to Sept. 8, 1935

I last saw him alive on Sept. 7, 1935. Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Arteriosclerosis | |
| Hypertension | |
| Other contributory causes of importance: | |
| Acute Cardiac Dilatation | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Fittinger M. D.

(Address) 1208 E. Chase

F 15819

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15819

## CERTIFICATE OF DEATH

108

PLACE OF DEATH 1021 Madison Ave.

Registered No.

CITY OF BALTIMORE: (No. 1021 Madison Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dennis Padgett

If U. S. Veteran specify WAR

(a) Residence: No. 1021 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. - 1904

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 01 | ? | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Latta South Carolina

10. NAME OF FATHER Paul Padgett

11. BIRTHPLACE (city or town) (State or country) Latta S.C.

12. MAIDEN NAME OF MOTHER Rebecca Green

13. BIRTHPLACE (city or town) (State or country) Latta S.C.

14. INFORMANT Ella Williams

(Address) 1021 Madison Ave.

15. BURIAL, CREMATION, OR REMOVAL

Place Latta S. C. Date Sept 10 1935

16. UNDERTAKER Walter B. Sprigg's Sons

(Address) 134 Whitelock St.

Filed 1935, 19 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935 to Sept. 8, 1935

I last saw h[illegible] alive on Sept. 8, 1935 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Sept 3 |
| | |
| | |
| | |
| Other contributory causes of importance: Acute Dilatation of Heart | Sept 7 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Berry M. D.

(Address) 1420 E. Chase St.

820 HEALTH DEPARTMENT—CITY OF BALTIMORE 15820

# CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 960 Augusta St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Mary Eagan

(a) Residence: No. 960 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): Not known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| About 75 yrs | | 1 | 0 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

8. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

BIRTHPLACE (city or town) (State or country): Richmond Va.

13. NAME Daniel Eagan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT Wm Mac Grave

(Address) 960 Augusta St

BURIAL, CREMATION, OR REMOVAL Date Sept 12 1935

Place Jews Cathedral

UNDERTAKER Edmund W. Cordell

(Address) 24 E. Eager St.

SEP 10 1935 Williamsport, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935, to Sept 9, 1935

I last saw h[illegible] alive on Sept 8, 1935. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Chronic Nephritis & Hypertension — Date of onset

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Lichenfield M. D.

(Address) 70 E. Preston St

B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

821 — 15821

## CERTIFICATE OF DEATH

186-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Mercy Hospital St., 11 Ward)

rth of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm Hildebrand

(a) Residence: No. 811 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Hildebrand

ATE OF BIRTH (month, day, year) Aug 15, 1874

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 61 | 60 | 0 | 21 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgar Levi Contr.

8. Date deceased last worked at this occupation (month and year) 9/6/35

11. Total time (years) spent in this occupation 30

IRTHPLACE (city or town) (State or country) Balto. Md.

9. NAME Noah Hildebrand

4. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

5. MAIDEN NAME Whalming Straus

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Nora E. Hunt

(Address) 1423 N. Central Ave

URIAL, CREMATION, OR REMOVAL

Place London Pk Date 9/10, 1935

NDERTAKER Wm. Gorsuch

(Address) 217 St Paul

ILED 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:57 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | 9/6/35 |
| Fracture Left Leg | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/6, 1935

Where did injury occur? 7 E. Balto St. Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell 25 ft. from Scaffold

Nature of injury Fx. leg & skull

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Killed while at work

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St Paul St

F 15822

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15822

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH On way to St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Joseph Miller

(a) Residence: No. 1819 Wilkins Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillie W. Miller

7. DATE OF BIRTH (month, day, year) Feb. 13th 1871

| 8. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 6 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B&O Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

15. MAIDEN NAME Mary Ann. Fagan

16. BIRTHPLACE (city or town) (State or country) Irland

17. INFORMANT Mrs. Lillie Fagan,

(Address) 1819 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cath. Cem. Date Sept 12. 19 35

19. UNDERTAKER

(Address)

Filed ..... 19 Huntington Williams, Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, 2, P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Sudden |

Other contributory causes of importance:

Myocarditis,

( Attacks of dysponea)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

H. D. F. 1268-9

F 15823

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15823

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph Hospital Registered No. 93-C

CITY OF BALTIMORE: (No. Caroline & Eden St. St. Joseph Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Stanley Wirsing (Harry Stanley Wirsing)

(a) Residence: No. 1808 W. Lombard St. Ward. (Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or WIFE of) Marian Wirsing

DATE OF BIRTH (month, day, year) July 1, 1896

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 2 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co. Trolley Car

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Marian Wirsing

(Address) 1808 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem Date Sept 11th 35

UNDERTAKER Wm. J. Tickner & Sons

(Address) 2 North Eden Ave, Belair Ave, Huntington Avenue, Md.

FILED 1935 , 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 , 1935, to Sept 8 , 1935

I last saw h/e alive on Sept 8 , 1935. Death is said to have occurred on the date stated above, at 11 45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis (coronary Artery) | |
| Other contributory causes of importance: | |
| Myocarditis | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Waguerelle , M. D.

(Address)

H. D. B. 1268-9

F 15824

F 15824 HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40 E Clearmont Rd St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Lillian Elmo Wilcox

(a) Residence: No. Home for Incurables St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. ~~Married~~, widowed, ~~or divorced~~ of (or) WIFE of Nanna Franklin Wilcox

DATE OF BIRTH (month, day, year) July 12, 1877

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 1 | 28 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Norfolk Virginia

13. NAME Robert Lyon Davis

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Virginia Redhead

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

INFORMANT Hospital Records

(Address) 40 E Clearmont Rd

BURIAL, CREMATION, OR REMOVAL

Fernbrook Cemetery Date Sept 10 19 31

UNDERTAKER Wm J Tucker & Sons

(Address) 1 E Lexington St

FILED Sept 10 1931 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1933 , 19 , to Sept 9 , 1931

I last saw her alive on Sept 9 , 1931 . Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Agitans | 1930 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Syph. acute Alluditis. (Aortal) | 3 weeks |
| Bronchopneumonia | 2 days |

Name of operation None Date of ——

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm J Mayo M. D.

(Address) Medical Arts Bldg - Bills

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15825 | F 15825

## CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore - Md

CITY OF BALTIMORE: (No. Home for Incurables St., 13 Ward)

Length of residence in city or town where death occurred 90 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabella M. Davis

(a) Residence: No. Home for Incurables St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robt Davis

DATE OF BIRTH (month, day, year) April 18 - 1845

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 90 | 4 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME John Lynch

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret E. Lynch

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Emily Bacchetti

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 11 1935

19. UNDERTAKER John O. Mitchell Home
(Address) 1900 Eutaw Place

20. FILED SEP 10 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1935

22. I HEREBY CERTIFY, That I attended deceased from August 24 1934 to Sept 7th 1935

I last saw her alive on Sept 7th 1935 Death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis - | 1930 |
| Uremia. per H.P.N. | Aug 30 1935 |

Other contributory causes of importance:

| | |
|---|---|
| Coronary Sclerosis - with thrombosis | Feby 1935 |

Name of operation None Date of —

What test confirmed diagnosis? P.M. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Bldg Balto

c.—2-29-28—L. F. S.—500 Bks.

15826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131 F 15826

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 325 N. Fulton Ave. ST., 14 WARD)

2—FULL NAME Sarah Eliza Alford.

(a) RESIDENCE NO. 325 N. Fulton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| emale | White | Widowed |

married, widowed, or divorced HUSBAND of (or) WIFE of William E. Alford.

TE OF BIRTH (month, day, and year) June 27, 1857

| E | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 2 | 13 | |

CUPATION OF DECEASED

) Trade, profession or particular kind of work None

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) (State or country) Bermuda.

) NAME OF FATHER Capt. Ed. T. White

BIRTHPLACE OF FATHER (city or town) (State or country) Bermuda.

MAIDEN NAME OF MOTHER Elizabeth Steed

BIRTHPLACE OF MOTHER (city or town) (State or country) Bermuda.

Informant Mrs. Martha A. Dew.

(Address) 325 N. Fulton Ave.

Filed 9-10 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9 1935

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to Sept 9, 1935, that I last saw her alive on Sept. 8, 1935, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? None Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

9/7, 1935 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount DATE OF BURIAL Sept 12 1935

UNDERTAKER John O. Mitchell Sons ADDRESS 1 Fountain Place

D. B. 1268-9

5827

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15827

## CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N Ellwood Ave St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H Osenburg Jr U.S. Navy Spanish American War

(a) Residence: No. 306 N Ellwood Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Cora V Osenburg

DATE OF BIRTH (month, day, year) Sept 28 1863

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 11 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. filteration plant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... yo

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm H Osenburg Sr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Weaver

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Cora Osenburg

(Address) 306 N Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Sept 12. 19 37

UNDERTAKER John Merrick

(Address) 200 Orleans

FILED ..... 19 .....

U 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1935 to Sept 8 1935

I last saw h.. alive on Sept 8 1935. Death is said to have occurred on the date stated above, at 11 40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gastro enteritis | 1 day |
| Acute cholecystitis | few days |
| Acute myocarditis | 24 hrs |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Bernard Wood M. D.

(Address) 1716 E Colvert St

D. P. 1266-a

5828

# HEALTH DEPARTMENT—CITY OF BALTIMORE

T 15828

## CERTIFICATE OF DEATH

93-C

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1108 N. Montford Ave St. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Mary Ann Bordley Dawson

(a) Residence: No. 1108 N. Montford Ave.; ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Golen William Dawson

DATE OF BIRTH (month, day, year) Jan. 9, 1871

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Sept. 6, 1935

11. Total time (years) spent in this occupation 38 yrs.

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Johnathan Wesley Biggs

14. BIRTHPLACE (city or town) Anne Arundel County (State or country) Maryland

15. MAIDEN NAME Hannah Estelle Bordley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Golen William Dawson (Address) 1108 N. Montford Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Sept. 12, 1935

UNDERTAKER John Ulrich (Address) 2007 Orleans St

FILED SEP 10 1935 Thurlington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1935 to Sept. 9, 1935

I last saw her alive on Sept. 7, 1935 Death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Arteriosclerotic Heart disease | 1932 |
| Coronary Thrombosis | 9/6/35 |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave

D. B. 1268-9

✓ F 15829

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15829

## CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 Shields St., 17 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Cuff

(a) Residence: No. 928 Smallpox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 24 [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 5 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chas Mohen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Levy Carroll

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md.

15. MAIDEN NAME Josephine Hawkins

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

INFORMANT (Address) Harriet E. Carroll 900 Penney Ave.

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date Sept 10 1935

UNDERTAKER (Address) Archibald C. Gaddes 2101 Mc Culloh St.

FILED 1935 Sept 10 19 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Sept 9 1935

I last saw her alive on Sept 4 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

| Date of onset |
|---|
| Aug 31 '35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Montague M. D.

(Address)

F 15830

D. B. 1353

15830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged & Infirm St., (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose Hoffman

(a) Residence: No. Belvedere Greenspring Aves. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Nathan

6. DATE OF BIRTH (month, day, year) 1874

| 7. AGE | Years | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 61 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (home)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Hoffman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jeanette —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT E. E. Kimball, Supt. (Address) Belvedere Greenspring Aves.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Woodlawn Date Sept 10 1935

19. UNDERTAKER Sol Levinson & Bro (Address) 627 E. Baltimore St.

20. FILED 10 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-14 1935, to 9-9 1935

I last saw h— alive on 9-9 1935. Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Chr. cardio vascular disease | |
| Chr. cholecystitis. | |
| Other contributory causes of importance: | |
| Chr. Bronchitis | |
| Varicose Veins | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Lemdale

8-16-29—L. F. S.—100 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15831

131

15831

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2300 Annapolis Ave (WARD) 25

2—FULL NAME Louis D. Heidegger

(a) RESIDENCE NO. 2300 Annapolis Ave, 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Divorced. |

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Anna Courtney

DATE OF BIRTH (month, day, and year) Dec 18 1869

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 8 | 20 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) varied

(c) Name of employer Md. Glass Co.

BIRTHPLACE (city or town) Bergen Co. (State or country) Penna.

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Vogt

13 BIRTHPLACE OF MOTHER (city or town) Bergen Co. (State or country) Penna.

Informant Mrs Sarah Fritze

(Address) 2130 Maisel St.

SEP 10 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8/35

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Sept 8, 1935, that I last saw h[illegible] alive on Sept 7, 1935 and that death occurred, on the date stated above, at 145 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Uremia.

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Uraemia.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Hamman Wheeler M. D.

9/8, 1935 Address 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9-11-1935

20 UNDERTAKER [illegible]

ADDRESS 1670 Ashburton ST

15832 F 15832

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH Lyndenham Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18 St., Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mildred Brown

(a) Residence: No. 836 Calvert St., Ward.
(Usual place of abode) CLOSED (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Unknown.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NOT
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Henry Bud

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 10 1935

UNDERTAKER Isaiah L Blow Son
(Address) 108 W Monument St

FILED SEP 10 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1935 to Sept. 6 1935

I last saw h[illegible] alive on Sept 5 1935. Death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcic meningitis | Aug 26. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Lyndenham Hospital

D. B. 1268-9

15833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** T 15833

## CERTIFICATE OF DEATH

186-a

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

gth of residence in city or town where death occurred 65 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Pemberton Warmsley.

(a) Residence: No. 616 N. Collington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, HUSBAND of Ida M. Warmsley.

ATE OF BIRTH (month, day, y... January 23, 1870

| GE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 7 | 16 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore City Fireman. 0037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 9/6/35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Nathaniel Warmsley.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Watts.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NFORMANT Ida M. Warmsley. (wife)
(Address) 616 N. Collington Ave.

URIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept. 12, 1935

NDERTAKER Henry W. Means & Son
(Address) 804 W. Calvert St.

ILED SEP 10 1935, 19... Registrar.

Huntington Pharmacy, N.Y.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, ye... September 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis due to ruptured intestine. Accidental fall over hose. | 9/6/35 |

Other contributory causes of importance:

Name of operation Yes. Date of 9/6/35

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/6/35, 19...

Where did injury occur? North Ave. & Carotine st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fire at a church.

Manner of injury Tripped over hose.

Nature of injury Ruptured intestine.

24. Was disease or injury in any way related to occupation of deceased?
Yes. If so, specify ...

(Signed) Otto M. Reinhardt, M. D.
Coroner

9/10/35 (Address) 1017 E. Charles st.

F 15834

15834 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

If U. S. Veteran specify WAR ...

FULL NAME Lottie Heaps

(a) Residence: No. Fawn Grove, Pa. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Heaps

DATE OF BIRTH (month, day, year) Sept 5 1892

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 43 | | 2 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) England

13. NAME Thomas Govan

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Hollan

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Earl Heaps

(Address) Fawn Grove Pa

BURIAL, CREMATION, OR REMOVAL

Place Cypress Chapel Date Sept 13 1935

UNDERTAKER H. Edward Hess

(Address) Fawn Grove Pa

FILED 1935 Attleborough Avenue 1104

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1935 to 9-10-1935

I last saw her alive on 9-10-1935. Death is said to have occurred on the date stated above, at 2:35 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute cardiac failure | |
| Other contributory causes of importance: Chronic Cholecystitis | |

Was an operation performed? yes Date of 9-10-35

For what disease or injury? Chronic Cholecystitis

Name of operation Cholecystectomy Date of 9-10-35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas. A. Dewalt M. D.

(Address) Maryland Gen. Hospital

F 15835

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3118 Lemdale St., 28 Ward)

gth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Ada Virginia Heckman

If U. S. Veteran specify WAR.....

(a) Residence: No. 3118 Lemdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo D. Heckman

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 75 | | | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

9. Date deceased last worked at (his occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md.

12. NAME E. Lorsmbey

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME Virg Nelson

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Mrs. Quantrine

(Address) 3118 Lemdale

17. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 9/4/35

18. UNDERTAKER 2 Pennsylvania Ave

(Address) 1308 Light

19. FILED 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/35

22. I HEREBY CERTIFY, That I attended deceased from June, 1935 to Sept 9, 1935

I last saw her alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Sept 9

Other contributory causes of importance:

Arterio Sclerosis — 1930

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) A. C. Smith M. D.

(Address) 4509 Belair Road

D. B. 1268-9

✓ F 15836

15836

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH In Sinai Hospital 9 Ward)

CITY OF BALTIMORE: (No. ..... St.,

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Maggie Stella Locke

(a) Residence: No. 121 E. 34th St., Govans, Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

If married, widowed or divorced WIFE of John Locke

6. DATE OF BIRTH (month, day, year) July 28-1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 23 | 1 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME August Flennegan

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Annie Ryan

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mr. Locke

(Address) 121 E. 34th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 9/11/35

19. UNDERTAKER Zahn & Sons

(Address) 1318 Light St.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7. 1935 to 9-9. 1935

I last saw h[illegible] alive on 9-9. 1935. Death is said to have occurred on the date stated above, at 12 30 A M

The principal cause of death and related causes of importance were as follows:

Meningitis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suiride, or homiride? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Sinai Hospital

D. B. 1268-9

F 15837

837 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

50

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 127 Rochester Pl St., 1 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillian Schmitt

(a) Residence: No. 127 Rochester Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Schmitt

ATE OF BIRTH (month, day, year) Mar. 27 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 5 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk. 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Emil Krause

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Gabell

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John G. Schmitt

(Address) 127 Rochester Pl.

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date 9/11 1935

UNDERTAKER Jno. J. O'Hara & Bro.

(Address) 3002 E. Baltimore St.

FILED Washington Nov. 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to Sept. 8 1935

I last saw h[illegible] alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma breast | 1931 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| metastases | |
| | |

Name of operation Amputation breast Date of 6/28/31

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Lybert M. D.

(Address) 2802 Harford Ave.

D. B. 1268-9

✓ F 15838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15838

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Saratoga St., 25 Ward) 26

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Roden

(a) Residence: No. 609 Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9. 35

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Samuel C. Roden

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Wolfson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Roden

(Address) 609 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Sept 10, 1935

19. UNDERTAKER E. Sangster Sons Inc

(Address) 1710 E. Fleet St

FILED 1935 ..... 19..... Huntington Harmon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1935 to Sept 10 1935

I last saw h[illegible] alive on Sept 9 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) William J. Rosario M. D.

(Address) 501 N Caroline St

C.—1-30—M. & T.—250 Bks.

15839 F 15839

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE; (No. 3149 Elmora Avenue ST., 8 WARD)

2-FULL NAME Charlotte E. Rickards

(a) RESIDENCE NO. 3149 Elmora Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 54 yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| X | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Rickards

ATE OF BIRTH (month, day, and year) Aug 12 1876

| GE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | — | 27 26 | |

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

RTHPLACE (city or town) Baltimore
State or country) Md

NAME OF FATHER James A Burnett

BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) Md

MAIDEN NAME OF MOTHER Charlotte E. Laney

BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

Informant Frederick Rickards

(Address) 3149 Elmora Ave

Filed 9 11 1935 Huntington Phillips, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 8 1935

17 I HEREBY CERTIFY, That I attended deceased from August 2nd 1935 to September 8th 1935,

that I last saw her alive on September 8th 1935,

and that death occurred, on the date stated above, at 12.05 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

due to Mitral Regurgitation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Kommer, M. D.

(Address) 1949 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL 9/11/1935

20 UNDERTAKER John H. Denny

ADDRESS 715 Light St

F 15840

15840 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Caterina Jerardi

(a) Residence: No. 2816 Boarman ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Pasquale Jerardi

DATE OF BIRTH (month, day, year): Oct. 31, 1871

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 10 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Italy.

13. NAME: P. Jerardi

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: C. Mazza

16. BIRTHPLACE (city or town) (State or country): Italy.

INFORMANT: Pasquale Jerardi

(Address): 2816 Boarman ave

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Sept. 11 1935

UNDERTAKER: C. Vernon Lemmon

(Address): 411 Park Ave Hunting Ton Maryland

FILED: 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1935, to 9/8, 1935

I last saw h[illegible] alive on 9/8, 1935 Death is said to have occurred on the date stated above, at 10:40 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated appendix | |
| Peritonitis | |
| Pneumonia | |
| Other contributory causes of importance: Diabetes | |

Was an operation performed? Yes Date of 9/1/35

For what disease or injury? Perforated Appendix

Name of operation Appendectomy Date of 9/1/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Sinclair, M. D.

(Address) Mercy Hospital

D. B. 1268-9

15841 F 15841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5506 Lombardy Pl. St., 27 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Lyne

(a) Residence: No. 5506 Lombardy Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

If married, widowed, or divorced: HUSBAND of Elizabeth Pope Lyne (or) WIFE of

DATE OF BIRTH (month, day, year) July 11 1856

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 1 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired business man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Smelting & Refining Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Carlisle
(State or country) Pennsylvania

13. NAME John Pleiris Lyne

14. BIRTHPLACE (city or town) Carlisle Penna.
(State or country)

15. MAIDEN NAME Mary Ann Brickman

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna

INFORMANT Henry Lyne Jr.

(Address) 5506 Lombardy Place

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 11 1935

UNDERTAKER Henry W. Jenkins & Son

(Address) McCulloh & Orchard Sts.

FILED Sept. 10, 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Sept 9, 1935

I last saw him alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Sept 9, 1935

Other contributory causes of importance:

Arteriosclerosis with hypertension — Date of onset Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) John Tilden Howard M. D.

(Address) 12 E. Eager St. Balt.

D. B. 1268-9

(Doerner) ✓ F 15842

# 15842 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., ..... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond A. Doerner

(a) Residence: No. Cumberland, Md St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

13. NAME OF FATHER George Doerner

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME OF MOTHER Anna Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs B P Perry

(Address) 306 N Centre St

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Sept 12 1935

19. UNDERTAKER John C Miller

(Address) 2435 E. Oliver St

20. FILED Sept 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to Sept 10, 1935

I last saw him alive on Sept 10, 1935. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| dementia Presoy | 2 2 yrs |
| Chronic Interstitial nephritis | ? |
| Diabetus Mellitus | 2 yrs |
| Hypertension | |

Name of operation ..... Date of .....

What confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William J. Magee M. D.

(Address) 3326 Fairfax St.

D. B. 1268-9

5843

# HEALTH DEPARTMENT—CITY OF BALTIMORE 5843

## CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 N. Linwood Ave 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Lavezza

(a) Residence: No. 114 N. Lindwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Lavezza

DATE OF BIRTH (month, day, year) March 14, 1876

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Angelo Bacigalupo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Costa

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs. Mary Reist

(Address) 4037 Fontaine Rd

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 11, 1935

UNDERTAKER Frank V. Pepitone

(Address) 2515 E. Baltimore St

FILED ... Washington Baltimore, Md.

SEP 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1935. to Sept. 8, 1935

I last saw her alive on Sept. 7, 1935. Death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Splenomyelogenous Leukemia | Jan. 1935 |

Other contributory causes of importance:

Non known

Name of operation None Date of None

What test confirmed diagnosis? Blood Test, Enlarged glands? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

15844 ✓F 15844

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 N. Rogers Ave St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Elizabeth L. Haines

(a) Residence: No. 4022 N. Rogers Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph E. Haines

DATE OF BIRTH (month, day, year) Oct 12 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 10 | 29 17 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Brant

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Earl B. Haines

(Address) 4022 N. Rogers Ave.

BURIAL, CREMATION, OR REMOVAL

Place Gettysburg Pa. Date Sept 12 19 35

UNDERTAKER Harry N. Armacost & Son

(Address) 4204 Ridgewood Ave.

FILED 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/3 1935 to 9/4 1935

I last saw h[illegible] alive on 9/4 1935. Death is said to have occurred on the date stated above, at 6.45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach & Colon | 2 yrs |
| | 1 mo |
| | 1 wk |

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) 402 Woodland St

H. D. B 1268-9

15845 HEALTH DEPARTMENT—CITY OF BALTIMORE 15845

# CERTIFICATE OF DEATH

210-G

1. PLACE OF DEATH Hawkins Trap

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Estelle Phelps

(a) Residence: No. 2605 Riggs Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Mch 7 1932

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 4 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William Phelps

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Estelle Baker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm Phelps

(Address) 2608 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 11 1935

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-7-35 10 AM 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Thymicus Lymphaticus | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9-7 1935

Where did injury occur? Front of 2605 Riggs (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Front of home

How injury occurred Run over foot of Child (Auto)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Bayliss Lutz, M. D.

Coroner

(Address) 1427 Eutaw St

15846 F 15846
03391

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ) St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Jane Hunt

(a) Residence: No. 965 N. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 1 1935

7. AGE Years — Months — Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER Samuel Hunt

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Margaret Fragarer

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 11 1935

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED SEP 11 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1935 to Sept 9 1935

I last saw her alive on Sept 9 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Dysentery - Flexner type — Date of onset 17 days ago

Other contributory causes of importance:

Intraventricular Hemorrhage — 2 days ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sylvia B Edwards, M. D.

(Address) Johns Hopkins.

5847

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15847

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Martin Hafter

(a) Residence: No. 3304 Noble St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown (Minnie)

DATE OF BIRTH (month, day, year) Mar 25th 1857 (?)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 (?) | 5 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown Butcher

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Sept 12th 1935

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED SEP 11 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1934, to September 9 1935

I last saw him alive on Sept 9 1935. Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| Cerebral hemorrhage | 9-6-35 |
| Bronchopneumonia | 9-6-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. de Santelle M. D.

(Address) Baltimore City Hospitals

5848 **HEALTH DEPARTMENT—CITY OF BALTIMORE** T 15848

## CERTIFICATE OF DEATH

91-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Fannie Wyatt

(a) Residence: No. 2815 Maisle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: August Wyatt (1896)

DATE OF BIRTH (month, day, year): Dec. 20, 1896

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 8 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Azuila Reese

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

15. MAIDEN NAME: Sarah Disney

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

INFORMANT: Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Sept 12 19 35

UNDERTAKER: Wm Cook
(Address) 1217 St. Paul St

SEP 11 1935 Huntington Ave. Station, Boston, Mass.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): September 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1935, to September 10, 1935

I last saw her alive on September 10, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bacterial endocarditis | July 1935 |
| Auricular fibrillation | Unknown |
| Pulmonary infarctions | Sept 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Clinical + Pathological Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. De Santella M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 15849

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15849

## CERTIFICATE OF DEATH

✓ 13-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Brentwood Ave 12 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Colbert

(a) Residence: No. 2426 Brentwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | S |

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day and year) July 4 1932

| AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 3 | 2 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Bernard Colbert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Julia Mezsky

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bernard Colbert

(Address) 2426 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9-11 1935

19. UNDERTAKER Francis A. Kenney

(Address) 578 W Biddle St Huntington Mortuaries, Inc

FILED 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept - 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The prinripal cause of death and related causes of importance were as follows:

Acute bacillary dysentery

Date of onset Sept 87 1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Typhoid Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L Allen M. D.

Coroner

(Address) 50 N Arlington St

F 15850

F 15850

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital 6 St. ... Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Robert Brown World's War Veteran

(a) Residence: No. 401 N. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Unknown

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| about 42 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. formerly Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer WPA

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chattanooga Tenn.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ..

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT Hyland Stewart (Address) 415 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL Place National Date Sept 11 - 1935

19. UNDERTAKER Lottie Sapps (Address) 1408 Ashland Ave.

Huntington Williams Funeral Home

FILED SEP 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Exeter St.

15851 F 15851

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3532 Greenspring Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William S. Yewell.

If U. S. Veteran specify WAR No

(a) Residence: No. 3532 Greenspring Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith C. Yewell.

7. DATE OF BIRTH (month, day, year) December 31 1862

| 8. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 72 | 8 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT James M. Yewell.

(Address) 3532 Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Sept 12. 1935

19. UNDERTAKER Ehrenzeller Son.

(Address) 3615-17 Chestnut Ave.

20. FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935, to Sept. 9, 1935.

I last saw him alive on Sept. 8, 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cardiac End of Stomach | 2 mo. |

Other contributory causes of importance: Exhaustion. Senility.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation. ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Machen, M. D.

(Address) 4037 Falls Road

D. B 1268-9

F 15852

15852 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth XXXXXXXX ds.

Vet.--NO.

2. FULL NAME THOMAS SEITZ

(a) Residence: No. 203-S. Durham Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6. DATE OF BIRTH (month, day, year) 4/7/1868

| 7. AGE Years | Months | Days | If LESS than 1 day XXXX or min. |
|---|---|---|---|
| 67 | 4 9 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Seitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna ( Faust)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Mann

(Address) 2013-Sinclair Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 9/11/35 19

19. UNDERTAKER George J. Kuth Sr.

(Address) 1.5-Milford Ave. Baltimore, Md.

20. FILED 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:35 P. m.

The principal cause of death and related causes of importanre were as follows:

| | Date of onset |
|---|---|
| Pistol wound Abdomen | |
| | |
| | |
| | |
| | |

Other contributory rauses of importance:

Perforation of Jejunum.

Name of operation Closure of Perforatin Date of Sept 8 35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Arrident, suicide, or homiride? Suicide Date of injury Sept 8 ..., 1935

Where did injury occur? 2035. Durham St. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot.

Nature of injury Perforatin of Jejunum

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1914 E. North Ave

H. D. B 1268-9

5853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 15853

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Albemarle St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Schaffer (Chepurnas)

(a) Residence: No. 30 Albemarle St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of ×

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. × none

10. Date deceased last worked at this occupation (month and year) × 11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Unknown, Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Adam Urban

(Address) 30 Albemarle St

18. BURIAL, CREMATION, OR REMOVAL Holy Trinity, Ruddian A.A.Co. Date Sept 11 1935

19. UNDERTAKER John Grebliauckas

(Address) 223 S. Eden Street

20. FILED Sept 11 1935 Huntington Pollitt Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest and find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 2 days |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ×

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wright Coroner, M. D.

(Address) 101 S. Elliott Ave

15854

F 15854

# HEALTH DEPARTMENT—CITY OF BALTIMORE

13-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mercy Hospital St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosta Walmer

(a) Residence: No. 37 S. Schroeder St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 21 1934

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| No | 9 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Hagerstown, Md.
(State or country)

13. NAME Robert Walmer
14. BIRTHPLACE (city or town) Hagerstown, Md
(State or country)
15. MAIDEN NAME Henrietta Remsburg
16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Henrietta Walmer
(Address) 37 S. Schroeder St

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9/12/1935

UNDERTAKER John F. Howard & Son
(Address) 901 Fulton Ave

FILED SEP 11 1935 Huntington Ave. Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1935, to Sept. 10, 1935

I last saw h[illegible] alive on Sept 10, 1935 Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bacillary Dysentery | Aug 19 |
| Emaciation | Aug 19 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? — Date of —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Grafton Herzberger, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

5855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15855

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 904 Forsuch ave Dist. No. 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Hausman

(a) Residence: No. 904 Forsuch ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hausman

6. DATE OF BIRTH (month, day, year) March 14 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 5 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086 stock cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Hausman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Annie Hausman
(Address) 904 Forsuch ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 14, 1935

19. UNDERTAKER Richard F. Curley
(Address) 1007 Monta ave

20. FILED ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935 to Sept 11, 1935 last saw him alive on Sept 10, 1935. Death is said to have occurred on the date stated above, at 1.20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of the brain, with thrombosis, Pneumonia | one |
| Other contributory causes of importance: Organic blood pressure, arteriosclerosis | 1930 |

Name of operation none Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward J. Zimmerman M. D.
(Address) 2537 Maryland Ave

5856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15856

## CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 S. Charles St., 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beulah B. Harvel

(a) Residence: No. 1823 S. Charles St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Harvel

DATE OF BIRTH (month, day, year) Aug. 7, 1879

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 1 | 2 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (at home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (at home)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Port DePosit, Md.

13. NAME David J. Heeharty

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Louisa Wardel

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Nellie Tovel

(Address) 1823 S. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Sept. 13, 35

UNDERTAKER A. HOWARD EVANS

(Address) 1400-02 S. Charles St.

FILED SEP 11 1935 Huntington Ave. Pittsfield, Mass. Apr 15

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935 to Sept 10, 1935

I last saw her alive on Sept 10, 1935 Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | Indef |
| Other contributory causes of importance: Nephritis Chronic | 9/8/35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Sept 10 1935 (Signed) H. L. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

15857

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15857

## CERTIFICATE OF DEATH

4 ✓ 173

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Liberto

If U. S. Veteran specify WAR .....

(a) Residence: No. 127 N. Pearl St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 5th 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (CLERK) ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frank Liberto

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Maurietta Muffolitto

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Father, Frank Liberto
(Address) 127N. Pearl

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date Sept 12, 193

19. UNDERTAKER Frank V. Pepitone
(Address) 2218 E. Baltimore

20. FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shot thru abdoman | 9/7/35 |
| Causeng death by hemorrhage | |

Other contributory causes of importance: .....

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homoside Date of injury ..... 19 .....

Where did injury occur? 127 Pearl St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Shot thru abdoman

Nature of injury Bullet Wound

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B. 1263-9

15858

F 15858

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Chapel St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 5 yrs. ..... mos. ..... ds.

2. FULL NAME John Novak

If U. S. Veteran specify WAR .....

(a) Residence: No. 830 N. Chapel St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Novak.

6. DATE OF BIRTH (month, day, year) December 27 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 8 | 17 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5088

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER FATHER

13. NAME James Novak

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Katie Vacek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Bettie Novak

(Address) 830 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer, Date Sept 13, 1935

19. UNDERTAKER Frampton Creech & Lon

(Address) 1906 Eutaw Pl. Ave

20. FILED 1935 Huntington Filed Sept 14 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken M. D.

Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

F 15859

15859

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

166-a

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida E. Jackson Parnell

(a) Residence: No. 1029 W. Saratoga St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Parnell.

7. DATE OF BIRTH (month, day, year) July 2 1906

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 2 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sophia Brown

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mary Jackson Sister

(Address) 1029 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Sept. 12 1935

19. UNDERTAKER Harris & Williams

(Address) 322 W. Lexington St.

20. FILED Sept 12 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above, at 2.04 pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic emphysema Incomplete abortion | 8/29/35 1824 35 |

Other contributory causes of importance: Third Months Pregnancy

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/20 1935

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home.

Manner of injury Fell down stairs

Nature of injury Fall caused abortion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Harry Coroner M. D.

(Address) 1215 Hanover

5860 F 15860

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 E. Oliver St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dianna Becker

(a) Residence: No. 2530 E. Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of Chas. Becker
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 10 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Jayson

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Chas. Becker

(Address) 2530 E. Oliver St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept-13-35

UNDERTAKER John E. Malloy

(Address) 2435 Huntington Ave. Baltimore, Md.

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-10-1935

I HEREBY CERTIFY, That I attended deceased from Sept 7 1935 to Sept 10 1935

I last saw her alive on Sept 10 1935 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia Acute Chronic | 10 day |
| Other contributory causes of importance: Senile Arteriosclerosis | 1 day |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

F 15861

15861 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Van Rossum — If U. S. Veteran specify WAR .....

(a) Residence: No. 4025 Park Side Drive St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 7, 1874

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 61 | 4 | 4 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Van Rossum

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Kate Palmer

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Date Sept 14 1935

UNDERTAKER John C. Miller
(Address) 2435 E. Pratt St

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935 to Sept. 10, 1935

I last saw him alive on Sept. 10, 1935. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1928 |
| Cerebral hemorrhage | July 1935 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

F 15862

15862

# HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 E. Oliver St., 8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Schammel

(a) Residence: No. 2603 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm F. Schammel

DATE OF BIRTH (month, day, year) April 20/88

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 4 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME OF FATHER John A. Hetticke
14. BIRTHPLACE (city or town) (State or country) Ger.
15. MAIDEN NAME OF MOTHER Christina Gonderman
16. BIRTHPLACE (city or town) (State or country) Ger.
17. INFORMANT Wm Schammel
(Address) 2603 E. Oliver St
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 12 1935
19. UNDERTAKER Philip Herring Sons
(Address) 2016 Orleans St

FILED Sept 12 1935 Huntington Pittsburgh, Pa. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1935, to Sept. 9, 1935
I last saw h[illegible] alive on Sept. 7, 1935. Death is said to have occurred on the date stated above, at 8 5 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Grippe. | week |
| Pneumonia | 1 day |
| | |

Other contributory causes of importance: Chronic Cardiac Dilatation

Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Sigl Fittrow M. D.
(Address) 1358 E. Oliver St

M. D. B 1268-9

5863

✓ F 15863

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 27

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry B. Hartt

(a) Residence: No. 2423 Everton Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Hardtner

6. DATE OF BIRTH (month, day, year) July 17 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 28 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry supplies

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Harry C. Hartt

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME May Buthfer

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Ernestine H. Hartt

(Address) 2423 Everton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 12 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. 1935 Huntington, W. Va. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral lobular pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Pulmonary Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

F 15864

5864 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give Its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1556 Barnwell St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Eyrung

(a) Residence: No. 1556 Barnwell St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) March 21 1864

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... no 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Boston

13. NAME Henry Lusig

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Emma Nordberg

16. BIRTHPLACE (city or town) (State or country) Sweden

INFORMANT (Address) John Eyrung 1556 Barnwell St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 13 1935

UNDERTAKER Martin H. E. Dippold

(Address) 1200 Fleet St.

Filed 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10. 1935 to Sept 11 1935

I last saw h[illegible] alive on Sept 11, 1935 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease | about 4 years ago |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

H. D. B 1268-9

5865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ H-15865

117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Lipsch

(a) Residence: No. 113 A. Lorraine St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced WIFE of (or) HUSBAND of Molly Lipsch

DATE OF BIRTH (month, day, year) 1880

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser & Ste

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Cloaks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Date 9/12/35 19..

UNDERTAKER ..... Levine
(Address) 1432 E. Baltimore St.

9 1935 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Wed Sept 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1935 to Sept 11 1935

I last saw h... alive on Sept 11 1935 Death is said to have occurred on the date stated above, at 9.25 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | |
| Perforation of duodenal ulcer | 9-9 |

Other contributory causes of importance:

Name of operation Suturing of ulcer Date of 9-9

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Grandoff, M. D.

(Address) .....

M. D. B 1268-9

5866 F 15866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N Bond St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Simms

(a) Residence: No. 1806 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced (or) WIFE of Samuel Simms

DATE OF BIRTH (month, day, year) Sept 5th 1871

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | — | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas. C. Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary C. P.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Samuel H. Simms

(Address) 1806 N. Bond St.

18. BURIAL, CREMATION OR REMOVAL

Place Baltimore Date 9/12/35 19

19. UNDERTAKER Frederick A. Cole

(Address) 1500 W Lombard St

20. FILED 19 Registrar

9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10-35

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1930, to 9-10, 1935

I last saw her alive on 9-10, 1935. Death is said to have occurred on the date stated above, at 1145 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arthritis Deformans | 1928 |
| Chronic Interstitial Nephritis | 1929 |
| Other contributory causes of importance: | |
| Myocardial Degeneration | 6-4-35 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Daniel Nulle M. D.

(Address) 1507 E Broadway

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15867

5867

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH &&&&

CITY OF BALTIMORE: (No. 2534 West Franklin St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Edward Woolford

(a) Residence: No. 2534 West Franklin St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Angine R. Woolford

6. DATE OF BIRTH (month, day, year) Oct 5th 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 68 | 69 | 11 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Md.

FATHER

13. NAME Stephen Woolford

14. BIRTHPLACE (city or town) (State or country) Dorchester Co.

MOTHER

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT Mrs. Angie Woolford

(Address) 2534 West Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 13 1935

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lombard St.

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9th 35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above. 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Sudden Death |
| | 10 A.M. |
| | Sept. 9th |
| | 1935 |

Other contributory causes of importance:

Acute Myocarditis

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

M. D. B 1268-9

F 15868

5868

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Wornds War

2. FULL NAME Ellsworth Thomas

(a) Residence: No. 623 Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5-1897

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 8 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer, Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Julius Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louisa Edmonds

(Address) 1002 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 9/12/35, 19

19. UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St.

20. FILED Huntington Ave

SEP 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemmorhage | Sept 8, 1935 |

Other contributory causes of importance: none

Was an operation performed? none Date of

For what disease or injury? no

Name of operation Autopsy Date of

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L Allen Coroner, M. D.

(Address) 587 Augusta Ave

F 15869

5869

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Burrows

(a) Residence: No. 1723 Brunt st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1, 1910

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Major Burrows

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Margaret Gaines

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Sept 12 1935

UNDERTAKER Archibald D. Goodwin

(Address) 2101 Mc Culloh St

FILED Sept 12 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3 1935 to Sept. 11 1935

I last saw him alive on Sept. 11 1935 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Jan. 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin, Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlgin, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

15870 HEALTH DEPARTMENT—CITY OF BALTIMORE E 15870

# CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 625 Lyndhurst St., 70 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret M. McCormick

(a) Residence: No. 2311 Loretta Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McCormick

DATE OF BIRTH (month, day, year) Unknown 1865

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME David Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Grant

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Kennedy

(Address) 625 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont Colorado Date Sept. 12, 1935

19. UNDERTAKER Martin Tracy & Sons

(Address) 1927 E. Baltimore St.

20. FILED ..... Registrar.

1935 Sept 14

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935, to 9-10-, 1935

I last saw her alive on 9-10-, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Fatal) | 9-10-35 |
| Other contributory causes of importance: Arterio-sclerosis | over 10 yrs. |

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Amerith Sorell M. D.

(Address) 3705 Liberty Heights Ave.

H. D. B 1268-9

5871

✓ F 15871

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Fell Street St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Idzik

(a) Residence: No. 903 Fell Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
[redacted] WIFE of Joseph Idzik

7. DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| About 60 | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Casimir Cebula

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Joseph Idzik

(Address) 903 Fell Street

17. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept. 14th 1935

18. UNDERTAKER George A. Weber

(Address) 1es & Lanvale Sts

Filed 1935 Huntington Ave, Register.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from September 6 1934 to Sept 11 1935

I last saw her alive on Sept 11 1935 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Pulmonary Tuberculosis | 1932 |
| Other contributory causes of importance: Pulmonary Hemorrhage | |

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Monga M. D.

(Address) 1209 E. Chase St

M. D. B 1268-9

✓ F 15872

15872

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+210-M

Registered No.....

1. PLACE OF DEATH Mid-Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Sarah Person

(a) Residence: No. 23 Bowers St. Eastbourg Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marris Person

6. DATE OF BIRTH (month, day, year) ? 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | ? | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mrs. S. Person

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Person

(Address) Lord Balto Hotel

18. BURIAL, CREMATION, OR REMOVAL Date Sept 12 1935

Place Hebrew Memorial Park

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st.

20. FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9/11 1935

Where did injury occur? Highland Road (County) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between 2 autos.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Copley Hyde M. D.

Coroner

(Address) 5142 Park Ave

M. D. B. 1268-9

15873 F 15873

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-D

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Schreberg

(a) Residence: No. 14 S. Exeter St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Schreberg

DATE OF BIRTH (month, day, year) 1875

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of father Sidney Schreberg

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of mother Helen .....

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Ellis Schreberg

(Address) 14 S. Exeter St

BURIAL, CREMATION, OR REMOVAL Place Pikesville Md. Date 9/12/35 19

UNDERTAKER Sol Levin & Bro.

(Address) 1437 E. Baltimore St

FILED SEP 12 1935 Harrington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935, to Sept. 12, 1935

I last saw her alive on Sept 12, 1935. Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paraplegia - ? Uremia, probably due to spinal cord tumor (acute) | 8-7-35 |
| Pulmonary congestion due to heart failure | 8-28-35 |
| Other contributory causes of importance: Bronchopneumonia | 8-25-35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

5874 F 15874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Purlear Ave St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR HW

2. FULL NAME Gilbourne T. Leist

(a) Residence: No. 5315 Purlear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Maud Leist

DATE OF BIRTH (month, day, year): Jan 24 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rougher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Silk mill
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 30

BIRTHPLACE (city or town) (State or country): Thurlow N. C.

13. NAME OF FATHER: Forrest Leist

14. BIRTHPLACE (city or town) (State or country): Thurlow N. C.

15. MAIDEN NAME OF MOTHER: Mary Robinson

16. BIRTHPLACE (city or town) (State or country): Ohio

INFORMANT: Mrs Emma J Murray

(Address): 4411 Grunning

BURIAL, CREMATION, OR REMOVAL

Place: Thurlow N.C. 9/12 1935

UNDERTAKER: J. H. Cockey & Son

(Address): 1217 E Fayette St

9/12 1935 Huntington Pittsburgh Pa

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 1934, to September 12, 1935

I last saw him alive on September 11, 1935. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| cerebral hemorrhage, right (second attack) hemiplegia | 9/4/35 |
| Other contributory causes of importance: cerebral hemorrhage, at hemiplegia with recurrence | 1932 |

Was an operation performed? no, bladder tumor removed Date of

For what disease or injury? about 1933

Name of operation: clinical methods Date of 1933

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Smith, Jr. M. D.

(Address) 1014 St Paul Street

M. D. B. 1268-9

15875 F 15875

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Nellie Kelly

(a) Residence: No. 2410 Lanvale Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): June 15 - 1882

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 3 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Candy Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Candy Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: John Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Bridget

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Sis. Annie Father

(Address) 2410 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Willis Cemetery Date: Sept. 14. 1935

19. UNDERTAKER: George D. Schwab

(Address) 2411 Frederick Ave

20. FILED: Sept 14 1935 Huntington Hill Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935 to Sept. 10, 1935

I last saw h. alive on Sept 10 1935 Death is said to have occurred on the date stated above, at 11 32 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis Melitus | |
| Arteriosclerosis | |
| Diabetic Gangrene of Leg | 7 yrs |

Other contributory causes of importance:

Name of operation Amputation Date of 9/3/35

What test confirmed diagnosis Tube Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Herman M. D.

(Address) University Hosp

15876 F 15876

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ernest Russell

(a) Residence: No. 2532 N. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Russell

DATE OF BIRTH (month, day, year) Dec. 23, 1874

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 8 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Steam

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zink Bros.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation 20 3/12

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

13. NAME OF FATHER William Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Musgrave (surname).

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Sept 14, 1935

19. UNDERTAKER J. J. Lehnert & Son

(Address) 2101 Frederick Ave.

20. FILED 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1935, to September 11, 1935

I last saw him alive on Sept. 11, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral thrombosis, with | Sept. 1935 |
| Cerebral softening | " |
| Arteriosclerosis | " |
| Myocardial failure | Sept. 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. DeSantelle, M. D.

(Address) Baltimore City Hospitals

Rec.—2-29-28—L. F. S.—500 Bks.

15877

# HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 15877

## CERTIFICATE OF DEATH

92-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 E. Monument ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna A Pecor

(a) RESIDENCE NO. 934 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) July 18, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 1 | 23 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Alford C. Pecor

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Sarah Henshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mrs Brady

(Address) 934 E. Monument St

Filed 9/12, 1935 Huntington Milligan, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11/1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 5/33, 19..., to Sept 11/1935, that I last saw her alive on Sept 10, 1935, and that death occurred, on the date stated above, at 7 50 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Heart Disease

Acute Insufficiency

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John J. Finch, M. D.

9/12, 1935 (Address) 934 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 9/13, 1935.

20 UNDERTAKER Milton Schilling, 1122 E. Monument St

ADDRESS

Dr. Bowman M. 1400 E 2216 Garrison Blvd Ring Middle Bell

5878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

J 107a 15878

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3805 Woodbine Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR None

2. FULL NAME William Stehle

(a) Residence: No. 3805 Woodbine Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

If married, ~~widowed, or divorced~~
HUSBAND of ~~(or WIFE of)~~ Ella Stehle

DATE OF BIRTH (month, day, year) June 24th 1869

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano
10. Date deceased last worked this occupation (month and year) Aug 1935
11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Lucian Stehle
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Agnes Raeble
16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Ella Stehle
(Address) 3805 Woodbine Ave

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept 13th 1935

UNDERTAKER William Cook
(Address) 1217 St Paul St

FILED Sept 13 1935 Carstairs M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1935 to Sept. 10 1935
I last saw him alive on Sept 10 1935. Death is said to have occurred on the date stated above, at 7.22 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Aug 28 |
| Other contributory causes of importance: | |
| myocardial insufficiency | Sept 8 |

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M Bowman M.D. M. D.
(Address) 2216 Garrison Blvd

M. D. F. 1268-9

15879 ~~15878~~

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15879 ~~15878~~

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. gen'l Hosp. St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Martin F. Riehl (RIEHL)

(a) Residence: No. 2902 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

6a. If married, widowed, or divorced: HUSBAND of / ~~WIFE~~ of Caroline Riehl

7. DATE OF BIRTH (month, day, year) Dec 20-1850

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 84 | 8 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Riehl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Riehl

(Address) 19 N. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept. 13 1935

19. UNDERTAKER F. B. Wippert & Son

(Address) 220 Central Ave

SEP 13 1935 ... Registrar.

SEP 13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10-35 19

22. I HEREBY CERTIFY, That I attended deceased from 9-7-35, 19..., to 9-10-35, 19...

I last saw h/~~m~~ alive on 9-10, 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1- Generalized Arteriosclerosis | ? |
| 2- Cardio-Vascular Renal Disease | ? |

Other contributory causes of importance:

| | |
|---|---|
| 1- Multiple Diverticulae of Bladder | ? |
| 2- Renal Uremia | 9-6-35 |

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin, M. D.

(Address) W. C. & N

F 15879
1880

263-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2541 West Lombard St. 20 Ward)

Length of residence in city or town where death occurred 48 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia A. Goltz

(a) Residence: No. 2541 West Lombard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August W. Goltz

6. DATE OF BIRTH (month, day, year) July 3 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 2 | 5 | 6 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Wasureck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. William F. Strowe

(Address) 2541 West Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 9-13-35

19. UNDERTAKER J. B. Nippert & Son

(Address) 1300 Eutaw Place

20. FILED SEP 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 7 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus | 9-9-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

D. B. 1268-9

F 15881 HEALTH DEPARTMENT—CITY OF BALTIMORE F 15881

[redacted] CERTIFICATE OF DEATH F [redacted]

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert D. Lambourne

(a) Residence: No. 1917 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Lambourne

DATE OF BIRTH (month, day, year) May 25th 1874

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 3 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Roads Comm

10. Date deceased last worked at this occupation (month and year) 9/11/35

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Wm H Petrie

(Address) 1917 Eutaw Place

BURIAL, CREMATION, OR REMOVAL Bal

Place U. S. National Date Sept 13th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams Registrar.

FILED SEP 13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 9/4/35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas R Wallace M. D. Coroner

(Address) 1051 St Paul St

F 15882

15882

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Williams & Gittings St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel King

(a) Residence: No. Williams & Gittings St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz King

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 90 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon Keeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Sam King

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Eliz Nash

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs A Miller

(Address) 132 Williams

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/13/35

UNDERTAKER J J Baker Sons

(Address) 132 Light St Huntington P.O. Baltimore, Md.

FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/35

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 11, 1935

I last saw h[illegible] alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 1 day |
| | |
| | |
| | |
| Other contributory causes of importance: Diarrhea | 8 days |

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E J Whelch, M. D.

(Address) 1279 Linthicum Ave

H. D. B 1268-9

F 15883

15883 HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hosp. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Yurkiewicz

(a) Residence: No. 417 S. Para St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 61 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) 9/11/35

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Joseph Yurkelis

(Address) 417 S. Para St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 16, 1935

UNDERTAKER John J. Greblunas Sr.

(Address) 423 S. Paca St

FILED 1935, 19 Hunting for Pulmonary

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Cardiac - Dilitation Acute | 2 yrs 9/11/35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state how ...

(Signed) Orin B. Wallace M. D.

(Address) 1031 St Paul St

F 15884

H. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15884

82-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 631 W. Lombard St., 4 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 22 yrs. ... mos. ... ds.

2. FULL NAME Marcelle Lukus

(a) Residence: No. 631 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence Lukus

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Anne Lukus

(Address) 631 W Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer ? Date Sept. 14 1935

UNDERTAKER John Grebliauskas

(Address) 423 E. Pratt St Huntington Pittsburg, Pa.

FILED ..... 19..... Registrar.

13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1926, to Sept 10, 1935. I last saw her alive on Sept 10, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1926 |
| Hypertension | 1926 |
| Cerebral Hemorrhage | 9/10/35 |

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Anthony V. Bruckner M. D.

(Address) 37 S. Stricker St

F 15885

803564
Opbth F 15885

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x ✓ 94-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Lusby

(a) Residence: No. Creighton, Md Creighton Co. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 4, 1871

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 4 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 40 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Lusby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mercilia Morgan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cecilton Md Date Sept. 14, 1935

19. UNDERTAKER John L. Mitchell & Sons

(Address) 1905 Eutaw Street

Huntington Williams, M.D. Registrar.

FILED SEP 13 1935, 19...

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 12 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935 to Sept. 12, 1935

I last saw h.e alive on Sept. 11, 1935 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| Other contributory causes of importance: arteriosclerosis | |

Was an operation performed? yes Date of Sept 10/35

For what disease or injury? Cataract

Name of operation extract extraction Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward P. Burch, M. D.

(Address) Johns Hopkins Hosp

F 15886

F 15886

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 111-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 W. Lanvale St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... No .....

2. FULL NAME Margaret I. Cook

(a) Residence: No. 419 W. Lanvale St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Cook

DATE OF BIRTH (month, day, year) April 1, 1841

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 94 | 5 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Stockhouse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Charles C. Cook

(Address) 419 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemy. Date 9/14/35, 19

19. UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

Huntington Avenue, Md.

19 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1935

22. I HEREBY CERTIFY, That I Attended deceased from Sept 4, 35 to Sept 12 1935

I last saw her alive on Sept 12 1935 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infirmities of age | |
| Other contributory causes of importance: Hypostatic Pneumonia | Sept 11 35 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. W. Commeder M. D.

(Address) 3002 Garrison Blvd.

F 15887

F 15887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 129

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME James Bowley

(a) Residence: No. 923 S. Eutaw St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Bowley

DATE OF BIRTH (month, day, year) 9-25-1883

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 11 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Hillion Bowley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Sept 13 1935

19. UNDERTAKER James A. Stacy

(Address) 142 Hunterton Williams N.P.

Registrar

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2- 1935 to 9-10 1935

I last saw him alive on 9-10 1935 Death is said to have occurred on the date stated above, at 8 A.M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess Abdominal Wall | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 6/13/35

For what disease or injury? Abscess Abd. Wall

Name of operation Surgical Drainage Date of 6/13/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M.D.

(Address) Balto. City Hospitals

H. D. B. 1268-9

F 15888

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15888 ✓ 133

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Boone St., 9 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Ramsey

(a) Residence: No. 2629 Boone St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Ramsey

DATE OF BIRTH (month, day, year) May 6 1888

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 yrs | 4 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Major Lucas

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Samuel Ramsey

(Address) 2629 Boone St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Sept 14 1935

UNDERTAKER Robert H. Young

(Address) 204 N. Carlton St.

Huntington Pittsburgh

FILED ... 1935 ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1935 to Sept 12 1935.

I last saw her alive on Sept 12 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephrosis | Sept 6 35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas S. Julian M. D.

(Address) 437 E 23rd St.

F 15889

# HEALTH DEPARTMENT—CITY OF BALTIMORE

J 55-E

F 15889

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Guilford Ave. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Virginia E. Kabernagel,

(a) Residence: No. 2604 Guilford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

DATE OF BIRTH (month, day, year) May 5. 1853

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 4 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Henry Kabernagel,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Yellman,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm

(Address) 2604 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date SEP 14 1935

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED SEP 13 1935, 19 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 11 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28 1931 to Sept 11 1935

I last saw her alive on Sept 10, 1935 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerosis | 1930 |
| Intra abdominal tumor not classified | |
| Other contributory causes of importance: | |
| cardiac failure | 1935 |

Was an operation performed? not Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) George E Kemp M. D.

(Address) 3024 Edmondson Ave

F 15890

15890 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1171 Division St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John L. Butler

(a) Residence: No. 1171 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C. | Widower |

If married, widowed or divorced HUSBAND of (or WIFE of) Sarah Butler

DATE OF BIRTH (month, day, year) May 10th, 1845

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | 4 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

INFORMANT (Address) Caroline Butler 1171 Division St

BURIAL, CREMATION OR REMOVAL Date 9/14/35

Place Greenmount

UNDERTAKER Wilkes & Heath

(Address) 1301 Druid Hill Ave

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/6/35, 19, to 9/11/35, 19. Death is said I last saw him alive on 9/11/35, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 9/6/35 |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Hall, M. D.

(Address) 937 North Ave

F 15891

M. D. B. 1268-9

# F 15891 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 11 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isabella Price

(a) Residence: No. 1102 Cathedral St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| f | aa | |

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Single

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 80 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Connecticut

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bessie Bradford

(Address) 1045 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/19/35, 19

19. UNDERTAKER Mrs Lee Howard

(Address) 1031 Druid Hill Ave

Funeral Director

Registrar.

FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~3~~9-11-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-2-, 1935, to 9-11-, 1935.

I last saw her alive on 9-11-, 1935. Death is said to have occurred on the date stated above, at 7 29 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset .....

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B. McCauley, M. D.

(Address) Provident Hosp.

F [redacted]

5892 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15892

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 26 Ward) 6

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 28 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Paylich

(a) Residence: No. 500 Lehigh st. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 28, 1896

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 5 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 6040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Jugo Slavia

13. NAME Pete Paylich

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Jugo Slavia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Sept 14 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver [illegible]

20. FILED Sept 14 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935, to Sept. 10 1935

I last saw him alive on Sept. 10, 1935 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | May 1935 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlsin, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 15893

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15893

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Butler

(a) Residence: No. 1200 Valley St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Little Sisters of the Poor

(Address) 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Sept 14 1935

19. UNDERTAKER Wyda Niedefeld

(Address) 914 Argyle Ave Huntington Station, L. I.

20. FILED ..... 19 ..... Registrar.

3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 15894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F15894 ✓ 23

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 E. Eager St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle Taylor

(a) Residence: No. 1419 E. Eager St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8-1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 2. | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamestown South Carolina

FATHER

13. NAME Herod Taylor

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Annie Sheppard

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Annie Taylor
(Address) 1419 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Jamestown S.C. Date 9/13 1935

19. UNDERTAKER Carper Funeral Home
(Address) 1413 E. Preston St

20. FILED ..... 19..... Registrar.

9-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from pneumonia Nov 10, 1934 to Sept 10 (10), 1935

I last saw h[illegible] alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6 mos ago |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Intestinal Tuberculosis | 14 yrs ago |
| Tuberculous Peritonitis | |

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. T. Young M. D.

(Address) 1429 E. Monument St

F 15895

F 15895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lilly Murray.

(a) Residence: No. 650 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Single. |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 15, 1893

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 5 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place H K Calvary Date 9/14 19 35

19. UNDERTAKER Rayner Sanders
(Address) 1413 Eastern Ave

FILED SEP 13 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to September 10 1935

I last saw her alive on September 10 1935 Death is said to have occurred on the date stated above, at 9:20 a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & Hypertension — Date of onset Unknown
Myocardial insufficiency and failure — June 1935

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. C. de Sanble M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 15896

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15896

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME John Prevas (Prevas)

(a) Residence: No. 228 S. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Prevas

DATE OF BIRTH (month, day, year) 1885

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Peter Prevas

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Bertha Pentazos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Nicholas Prevas (Brother)
(Address) 240 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 13 1935

19. UNDERTAKER John H. Weber
(Address) 1401 Huntington Avenue

FILED ..... 19... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1935 to Sept 11 1935

I last saw h... alive on Sept 11 1935. Death is said to have occurred on the date stated above, at 1457 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| uremia | Sept 1935 |
| Hypertension | 1915 |
| arteriosclerosis | 1915 |
| cardiac hypertrophy & dilatation | 1915 |
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph A. Gross M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 15897

F 15897 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Harlem Ave. St., 16 Ward)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Priscilla W. Bargar

(a) Residence: No. 2648 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Bargar

7. DATE OF BIRTH (month, day, year) May 16, 1851

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 3 | 27 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Nathaniel Hatch

14. BIRTHPLACE (city or town) (State or country) Marble Head, Mass.

15. MAIDEN NAME Frances A. Wood

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph O. Bargar
(Address) 1303 Hubner Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 14 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

DATE Sept 13 1935, 19.... Funeral Director for Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1935 to 9/11, 1935

I last saw her alive on 9/11 1935 Death is said to have occurred on the date stated above, at 12.02 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma - Pyloris | August 1935 ? |
| C metastases to Liver | |

Other contributory causes of importance:

| | |
|---|---|
| Cachexia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical & Xray Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robt B. Mitchell jr M. D.

(Address) 607 N Charles St

M. D. B. 1268-9

# 15898 HEALTH DEPARTMENT—CITY OF BALTIMORE 15898

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Scott St St., 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Leah Hawkins

(a) Residence: No. 513 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 40 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Albert Hawkins
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Margaret E. Kemp
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert Hawkins
(Address) 513 Scott St

18. BURIAL, CREMATION OR REMOVAL Loudon Pk 9/16/35
Place Date 19

19. UNDERTAKER Geo H. Kemp & Son
(Address) 528 N. Eutaw St

20. FILED 19 Huntington Williams Registrar.

SEP 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1929 to Sept 11, 1935

I last saw her alive on Sept 11, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spinal curvature (Lordosis + Kyphosis, non tbc, with marked distortion of chest organs | 1903 |
| Myocarditis | 1933 |
| Other contributory causes of importance: acute cardiac insufficiency | 9/2/35 |

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

M.D. (Signed) George L. Kemp M. D.
(Address) 30 E. Edmondson ave.

M. D. B 1268-9

F 15899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15899

## CERTIFICATE OF DEATH

94-a

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1331 West Baltimore St. 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Strickler (World War Vet.) If U. S. Veteran specify WAR

(a) Residence: No. 1331 West Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24th 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 0 | 18 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millinary store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Pleasuresville Pa,

FATHER

13. NAME Benjimin F. Strickler

14. BIRTHPLACE (city or town) (State or country) Pleasuresville Pa,

MOTHER

15. MAIDEN NAME Christianna Yinger

16. BIRTHPLACE (city or town) (State or country) Manchester Pa.

17. INFORMANT Geraldine R. Haxer
(Address) 1907 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Maryland Park Date 9/13 19 35

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holliday

20. FILED 19 Huntington Williams Registrar.

13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11-35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above. About 2 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholism | |

Other contributory causes of importance: Anginal Attacks (Myocarditis)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave.

1590

✓ F 15900

4-15-4

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1632 E. Balto St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S. If of foreign birth? 2 yrs mos ds.

2. FULL NAME Oscar Salonority

If U. S. Veteran specify WAR

(a) Residence: No. 1632 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Carpenter's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Theodore Solonority

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Untrown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Bertha Solonority

(Address) 1632 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 9-13-35, 19

19. UNDERTAKER Joseph Lowe

(Address) 1739 E. Balto St

20. FILED 1935 by Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Sept 12, 1935

I last saw him alive on Sept 12, 1935. Death is said to have occurred on the date stated above at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-vascular Renal disease | 1 yr |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senescence of right Scapula | 8 mos |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. Samelson, M. D.

(Address) 217-8 W. Monument

F 15901

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15901

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 225 S. Bethel

CITY OF BALTIMORE: (No. 225 S. Bethel St. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Lewis

(a) Residence: No. 225 S. Bethel St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | Married |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Maggie Lewis

7. DATE OF BIRTH (month, day, year) Sept. ? 1894

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 40 | ? | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hard Coal Mines

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Alabama

13. NAME ? Lewis

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Cherry ?

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Maggie Lewis

(Address) 225 S. Bethel

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Sept 13 1935

19. UNDERTAKER Robert E. Williams & Co.

(Address) 25-15 Light & Eager Sts

Huntington Williams

20. FILED Sept 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1935

I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1935, to Sept. 11, 1935

I last saw h.. alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Aug 20 |
| Other contributory causes of importance: Acute Dilatation of Heart | 1 day |
| Cardiac Coma | ? |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sput. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Possibly If so, specify .....

(Signed) Wm. L. Berry M. D.

(Address) 1420 E. Chase St.

8 1935

✓ F 15902

15902 HEALTH DEPARTMENT--CITY OF BALTIMORE

# CERTIFICATE OF DEATH

92 a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 E. Hanover St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna M. Balla

(a) Residence: No. 1537 E. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Balla

DATE OF BIRTH (month, day, year) Feb. 24, 1897

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 6 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE (housewife-at home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George A. Kukn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Gertrude Huber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Robert L. Balla

(Address) 1537 Hanover St.

BURIAL, CREMATION, OR REMOVAL

✓ Place Cedar Hill Cem. Date Sept. 16, 1935

UNDERTAKER A. HOWARD EVANS

(Address) 1400-02 E. Charles St.

Huntington Millware, Md. 19 Registrar

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935 to Sept 11, 1935

I last saw her alive on Sept 10 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows: Cardiac thrombosis 9/11/35

Other contributory causes of importance: arthritis & endocarditis 9/11/35

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) J. F. Hagen Jones M. D.

(Address) 6 W. Madison St.

F 15903

F 15903 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1518 N. Hanover St. 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR None

2. FULL NAME Bessie E. Harper
(a) Residence: No. 1518 N. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of Chester Harper

7. DATE OF BIRTH (month, day, year) March 27-1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 5 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fridlesburg Md Maryland
13. NAME John T. Monahen
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mary E. Hesson
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Chester E. Harper
(Address) 1518 N. Hanover St.
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Sept. 14. 1935
19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road
Huntington Williams, Inc.

SEP 13 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11. 1935
22. I HEREBY CERTIFY, That I attended deceased from June 3. 1935 to Sept 11. 1935
I last saw h Y alive on Sept 11 1935 Death is said to have occurred on the date stated above, at 5-55 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uterus | Jan '34 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Generalized abdominal Metastasis Jun '35

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Wilson M. D.
(Address) 843 N. 36th St.

✓ F 15904

15904 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3741 Elm Ave St., 13 (Ward)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Charles M. Fare

(a) Residence: No. 3741 Elm Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced HUSBAND of (or) WIFE of: Maggie M. Fare
DATE OF BIRTH (month, day, year): Oct. 4-1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 11 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
13. NAME: John Fare
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Mary
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT (Address): Mrs. Maggie M. Fare 3741 Elm Ave
18. BURIAL, CREMATION OR REMOVAL
Place: Woodlawn Date: Sept. 14-, 1935
19. UNDERTAKER (Address): Horace H. Burgee 3624 Frella Road Huntington Village, Md.
20. FILED 1935, 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12-, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 12, 1935
I last saw him alive on Sept. 12, 1935. Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| Pulmonary Edema | |
| Other contributory causes of importance: | |
| Chronic Myocarditis | |
| " Endocarditis | |

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify
(Signed) Frank H Uhrhan, M. D.
(Address) 4037 Falls Road

J 1535

✓ F 15905

15905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-123

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Alice Williams
(a) Residence: No. 619 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Horace Williams

7. DATE OF BIRTH (month, day, year) Jan 11 1898

AGE: Years 37 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Davis
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mildred Wright
16. BIRTHPLACE (city or town) (State or country) ? Virginia

17. INFORMANT Balto City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 9/14/35

19. UNDERTAKER Mrs. George H. Holland
(Address) 162 Druid Hill Ave

20. FILED 9/13/1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1935 to 9-12 1935
I last saw her alive on 9-11 1935 Death is said to have occurred on the date stated above, at 6 45 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Stricture of Rectum | 9 |
| Other contributory causes of importance: Pelvic Peritonitis | 3 days |
| Surgical Shock | 3 days |

Was an operation performed? yes Date of 9-9-35
For what disease or injury? Stricture of Rectum
Name of operation Dilitation of Rectum Date of 9-9-35
What test confirmed diagnosis? Post Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed Robt. F. Martin M. D.
(Address) Balto City Hospt

M. D. B. 1268-9

✓ F 15906

# HEALTH DEPARTMENT—CITY OF BALTIMORE

124-B

F 15906

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 East St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

40

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincenzo Mariano Pullara

(a) Residence: No. 315 East St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Antonietta Pullara

6. DATE OF BIRTH (month, day, year): August 5 1870

7. AGE: 65 Years | 1 Months | 7 Days | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Ignazio Pullara

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Catcrina Pinto

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Antonietta Pullara 315 East St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Holy Redeemer Ce... Date: Sept 16. 1935

19. UNDERTAKER (Address): Frank Della Rocca 52 N. Morley St. Huntington Maryland

..... 19..... Registrar: .....

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to Sept. 12 1935

I last saw him alive on Sept. 12 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirhosis of liver (non alcoholic) | indefinite |
| Other contributory causes of importance: Exhaustion | 9/11/35 |

Name of operation: none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. V. Campanella M. D.

9/12/35 (Address) 1644 Hanover St

M. D. B 1268-9

✓ F 15907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15907

## CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3631 Roberts Place St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME LeRoy Clifton Wilson Michael ☐ U. S. Veteran specify WAR.....

(a) Residence: No. 3631 Roberts Place St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora (Worchter)

6. DATE OF BIRTH (month, day, year) May 13. 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 37 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic did

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l maintenance Lord Baltimore Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Mt Blueysville (State or country) Virginia

FATHER

13. NAME Charles Michael

14. BIRTHPLACE (city or town) Unknown (State or country) Virginia

MOTHER

15. MAIDEN NAME Alice Holmes

16. BIRTHPLACE (city or town) Mt Blueysville (State or country) Virginia

17. INFORMANT Mrs Alice H. Michael (Mother)
(Address) 2935 Poland Ave.

18. BURIAL, CREMATION, OR REMOVAL Date 9/13/35 19
Place Oakland Cem

19. UNDERTAKER [illegible]
(Address) [illegible]

19 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-9-1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chron Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Paralysis, coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Wright, M. D.
Coroner

(Address) 1105 E. Monument Ave.

5908 ✓ F 15908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Soloman

(a) Residence: No. 733 Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married. |

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Arthur

6. DATE OF BIRTH (month, day, year) June 10, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 3 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Louis Whitefield

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Estella Kennedy.

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 9/16 1935

19. UNDERTAKER Joseph T. Lock Jr.
(Address) 1302 Jefferson st.

20. FILED 9-19-1935 Hunter Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1935 to September 11, 1935
I last saw her alive on Sept. 11, 1935. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary Tuberculosis | Aug 1935 |
| Pulmonary Tuberculosis | Aug 1935 |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. A. de Sautelle M. D.
(Address) Baltimore City Hospitals

5909

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. 15509

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Winslow Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 1016 Harford Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Abraham Bond

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 9/14 1935

19. UNDERTAKER Joseph H. Locke Jr.
(Address) 1362 Jefferson St.

20. FILED 9 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-12 1935 to 9-11 1935

I last saw him alive on 9-11 1935 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Hurs |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Fungo abscess | 3 wks |
| | 1921 |

Was an operation performed? yes Date of 9-5-35

For what disease or injury? Fungo abscess

Name of operation Thoracotomy Date of 9-5-35

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robt J Mantz M. D.

(Address) Balto City Hospt

M. D. B. 1268-9

F 15910 ✓ F 15910

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 77 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr John Reilly U.S. Vet-World War

(a) Residence: No. 5417 Jonquil Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Gertrude Reilly

6. DATE OF BIRTH (month, day, year) May 16 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman, 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Tubing Co

10. Date deceased last worked at this occupation (month and year) 9/11/35

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Philipina Hinkleman

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mrs Gertrude Reilly

(Address) 5417 Jonquil Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/14 1935

19. UNDERTAKER J. Boots Nolan

(Address) 3006 Baltic St.

20. Filed SEP 21 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Sept 11 1935

I last saw him alive on Sept 11 1935. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 8/28/35 |
| Essential Hypertension | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Peer M. D.

(Address) University Hospital

M. D. B. 1268-9

15911 F 15911

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2766 W. North Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Herbold

(a) Residence: No. 2766 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas, Herbold

6. DATE OF BIRTH (month, day, year) July 19, 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | I | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hannstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John R. Herbold

(Address) 2766 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept 16 1935

19. UNDERTAKER Charles L. Zacke

(Address) 942 W. North Ave.

20. FILED Sept 16 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Sept. 13, 1935

I last saw her alive on Sept. 13, 1935 Death is said to have occurred on the date stated above, at 12.45 m. A.M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 10Yrs. |
| Chronic Myocarditis | 6 Yr |
| Cerebral Hemorrhage | 6Hrs. |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. R. Miller M. D.

(Address) 2757 W. North Ave

M. D. B 1268-9

Catherine C. Kork

F 15912

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15912

## CERTIFICATE OF DEATH

216-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore Gen Hosp

CITY OF BALTIMORE: (No.) 22 St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

if U. S. Veteran specify WAR .....

2. FULL NAME Catherine C Kork

(a) Residence: No. 518 Alice St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22 1925

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 9 | 11 | 20 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Delmar Md

FATHER

13. NAME Bate Md

14. BIRTHPLACE (city or town) (State or country) Kork

MOTHER

15. MAIDEN NAME Catherine Reese

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elmer E. Kork

(Address) 518 Alice St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Feb. 14 1935

19. UNDERTAKER George L. Bohner

(Address) 2101 Fredrick Ave

20. FILED FEB 13 1935 19 H. Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Internal Injury | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 12 , 1935

Where did injury occur? 1407 S Charles

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Roof

Manner of injury Struck by auto, truck or bus

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gunter Duty M. D.

Coroner

(Address) 142 Post Office

15913 F 15913

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 4907 Harford Rd St., 27 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Charles A. Shoemaker

(a) Residence: No. 4907 Harford Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

3. If married, widowed or divorced HUSBAND of (or) WIFE of Mary M. Shoemaker

DATE OF BIRTH (month, day, year) May 21-1854

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 3 | 20 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME John T. Shoemaker
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Georgeanna McCracken
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary M. Shoemaker
(Address) 4907 Harford Rd

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 9/14/35

UNDERTAKER Leonard Peyton
(Address) 4907 Harford Rd

FILED 9/14/1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/35.

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Sept 11 1935
I last saw him alive on Sept 11 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Failure | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio Sclerosis | x |
| Myocarditis | 1930 |

Was an operation performed? no Date of .....
For what disease or injury? —
Name of operation no Date of .....
What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did Injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Carl Freund M. D.
(Address) 4706 Harford Rd

M. D. B. 1268-B

15914 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 15914

## CERTIFICATE OF DEATH

✓ 49-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Dalrymple Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1/2 mos. ds. How long in U. S. If of foreign birth 21 yrs. mos. ds.

2. FULL NAME Dalena M. Turney

(a) Residence: No. 4006 Dalrymple Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas W. Turney

6. DATE OF BIRTH (month, day, year) Feb. 22, 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|---|
| | 50 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 15 days

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Sidney Nova Scotia

FATHER

13. NAME John MacLead

14. BIRTHPLACE (city or town) (State or country) Sidney Nova Scotia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sidney Nova Scotia

17. INFORMANT Thomas W. Turney

(Address) 4006 Dalrmple, Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date Sept. 16 1935

19. UNDERTAKER Thomas W. Pinglelton

(Address) 1624 Eutaw Place

20. FILED 3 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2/ 1935 to 9/13/ 1935

I last saw her alive on 9/13/ 1935 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma both ovaries (Recurrent) | 1yr ago |

Other contributory causes of importance: None

Name of operation 1yr ago Ovariectomy Date of Oct 30, 1934

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

F 15915

F 15915 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Cornwall

If U. S. Veteran specify WAR .....

(a) Residence: No. 3406 Lindale ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of V

6. DATE OF BIRTH (month, day, year) Nov. 11, 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 29 | 10 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Cornwall

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Emily ?

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland, Md Date Sept 13, 35

19. UNDERTAKER W J Trapnell, Jno L Pa

(Address) Huntington W Va

20. FILED SEP 13 1935 (Registrar) Huntington, W. Va.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1935, to Sept. 13, 35

I last saw him alive on Sept. 13, 1935. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | July 1934 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

15916 F 15916

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kunkel (Polish name was Kunkelowski)

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown (10+0)

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Mike Kunkel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date 9/14 1935

19. UNDERTAKER J. J. Fisher & Sons

(Address) 1938 E. Lombard St.

Attendant for Williams, Reg.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to Sept 3, 1935

Last saw ~~him~~ alive on Sept 3, 1935 Death is said to have occurred on the date stated above, at 9:25 P m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset Sept 1935
Myocardial failure
Arteriosclerosis

Other contributory causes of importance:

Angina pectoris — 1931

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical + pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) H. A. De Sanctis M. D.

(Address) Baltimore City Hospitals

15917 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15917

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Konstanty Niedzwiecki

(a) Residence: No. 225 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown. Ob 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Alex

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/14 1935

19. UNDERTAKER F. C. Baker Hosp
(Address) 1918 Eight St
Huntington Philamore, Md.

20. FILED 3 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1933, to Sept. 11, 1935

I last saw him alive on Sept 11, 1935. Death is said to have occurred on the date stated above, at 6 00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerotic heart disease | (?) |
| arteriosclerosis - General | (?) |
| | |
| | |
| Other contributory causes of importance: | |
| Chronic bronchitis | (?) |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) H. G. De Sanible M. D.
(Address) Baltimore City Hospitals

F 15918

15918 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

127-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Kenny

(a) Residence: No. 828 S. Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER FATHER

13. NAME Patrick Kenny
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Julia Maloney
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/11 1935

19. UNDERTAKER J. J. Furey Sons
(Address) 1318 Light St

20. FILED 9 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932, to September 7, 1935
I last saw him alive on Sept. 7, 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | one day. |
| due to volvulus. | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No- If so, specify

(Signed) H. G. De Santalle M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 15919

15919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 W. 40th St., 13 Ward)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Theodore Steinmueller

(a) Residence: No. 610 W 40 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Mueller

6. DATE OF BIRTH (month, day, year) Nov. 2, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 10 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lucas Bros.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Stephen -------

14. BIRTHPLACE (city or town) (State or country) --------- Germany

15. MAIDEN NAME Wilhelmina ------

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT (Address) Miss Bertha M. Mueller 610 W. 40th Street

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 9/14 19 35

19. UNDERTAKER (Address) Henry H. Meyers & Son 2 n. Howard St.

20. FILED ... 19 ... Register.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935 to Sept 12 1935

I last saw h[illegible] alive on Sept 12, 1935. Death is said to have occurred on the date stated above, at 12 A M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemic Convulsion | 9-12-35 |
| Hypertension | |
| Interstitial Nephritis | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify No

(Signed) John A Evans M. D.

(Address) 612 W 40th St.

15920 HEALTH DEPARTMENT—CITY OF BALTIMORE 15920

CERTIFICATE OF DEATH X V 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 Guilford Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Agnes Virginia Ulsler If U. S. Veteran specify WAR

(a) Residence: No. Carroll County St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George W. Ulsler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ann Flater

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas Ulsler
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Sandyville, Md Date Sept 16 1935

19. UNDERTAKER J. Francis Rice
(Address) Westminster, Md.

FILED SEP 14 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935 to Sept 13, 1935

I last saw h alive on Sept 13 1935 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | Unknown |

Other contributory causes of importance:

Carcinoma of Lungs Unknown
Cystostomy Paracentesis of Lungs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical & Xray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Chas C. Clarke M. D.

(Address) Med Arts Bldg.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15921

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... (X)

2. FULL NAME Lenerne Salvano

(a) Residence: No. 1924 Snyder Ave, Brundalbr., Ward. H S H W -

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | - |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-14-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 4/8 m | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... ovd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lottie Butler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Jesus Date Sept. 17 '35

19. UNDERTAKER Wendell P. Dorsey

(Address) 1405 Eutaw St.

FILED SEP 14 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th, 1935, to Sept. 12, 1935

I last saw her alive on Sept. 12, 1935 Death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

Bacillary dysentery — Date of onset Sept. 9

Other contributory causes of importance:

Septicemia suspected

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? (Culture taken) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Louise Snyder M. D.

(Address) Johns Hopkins Hosp.

M. D. P. 1268-9

5922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15922

## CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 W. Pratt St., 27 (Ward)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ann Cuthbert

(a) Residence: No. 605 W. Pratt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Cuthbert

6. DATE OF BIRTH (month, day, year): Sept. 7, 1892.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Ludwig Cuthbert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Van Brunt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Cuthbert (Address) 304 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dyer Bros. Date Sept. 14, 1935

19. UNDERTAKER: Wendel Dreyer (Address) 1402 Edmondson Ave.

20. FILED SEP 14 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935, to Sept. 12, 1935

I last saw him alive on Sept. 12, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute dilatation Heart | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis | |
| Endocarditis. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Earl F. Benson, M. D.

(Address) 5161 York Rd

5923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15923

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 59 Registered No.
CITY OF BALTIMORE: (No. St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Mrs Elizabeth Loane
(a) Residence: No. Methodist Home for Age — 2211 Rogers Ave Ward.
(Usual place of abode) St., (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Edward Loane

6. DATE OF BIRTH (month, day, year) Oct 22, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William H Wise
14. BIRTHPLACE (city or town) (State or country) Balt
15. MAIDEN NAME Sarah Stansbury
16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 9/14/1935
19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED SEP 14 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1935 to 9-12 1935
I last saw her alive on 9-12 1935 Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | Yrs |
| Pentonic sclerosis | |
| Hypertensive Heart disease | |

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irving W Ramsay M. D.
(Address) Maryland General Hosp

M. D. R. 1268-9

F 15924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15924

## CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 770 Hanover St. Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E Mitchell

(a) Residence: No. 770 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London Eng

MOTHER FATHER

13. NAME Rodney Mitchell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lebanon Burns

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clara Morgan

(Address) 770 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Sept 14 1935

19. UNDERTAKER Richard O. Hayden

(Address) 210 W Fayette St. Huntington Maryland

Sept 14 1935 ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1935 to Sept 11 1935

I last saw her alive on Sept 11 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Umbilical Hernia | 9/6/35 |
| Sepsis | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Insufficiency | 9/9/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Stafford Dean M. D.

(Address) 6-6-770 Hanover St

M. D. B. 1268-9

✓ F 15925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15925

## CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 N. Carey St., 16 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nat Named Jack Scott

(a) Residence: No. 628 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Sept 8th 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Jack Scott

14. BIRTHPLACE (city or town) Wadley Ga.
(State or country) Ga.

MOTHER

15. MAIDEN NAME Mary Gardner.

16. BIRTHPLACE (city or town) Sylvester
(State or country) Ga.

17. INFORMANT Jack Scott (Father)
(Address) 628 N. Carey.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 13 1935

19. UNDERTAKER Edward Gilbert & Co
(Address) 1001 Columbia Ave

20. FILED Sept 13 1935 Huston Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1935 to Sept 13th 1935

I last saw her alive on Sept 12th 1935 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Unknown Causes | |

Other contributory causes of importance:

| | |
|---|---|
| Unknown Causes | none |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. J. Gurnee M. D.

(Address) 522 N. Arlington Ave

M. D. B 1268-9

F 15926

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15926

## CERTIFICATE OF DEATH

94-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Towson St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William E. Akehurst Sr.

(a) Residence: No. 1406 Towson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6a. If married, widowed, or divorced: HUSBAND of Annie E. Akehurst.

7. DATE OF BIRTH (month, day, year) February 27, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 57 | 6 | 15 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakesman. 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O.R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George T. Akehurst.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sarah E. Cloman.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Regina Reichenberg. (daughter)
(Address) 1406 Towson St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Sept 14, 1935

19. UNDERTAKER Lilly & Sons
(Address) 1416 Harlem Ave

Filed ..., 19... Registrar.

4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto W. Reinhardt M. D.
Coroner

9/12/35 Address 1017 E. Charles St.

M. D. B 1268-9

F 15927

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15927

## CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of [illegible] city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. [illegible] arl Greger.

(a) Residence: No. 803 S. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Greger

6. DATE OF BIRTH (month, day, year) Dec. 9/1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68. | 9 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Julius Greger.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Munch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Beck

(Address) 321 S. Regester st.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz. Date Sept. 16/35

19. UNDERTAKER Tilly & Zeiler

(Address) [illegible]

Registrar.

DATE 9-14-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schwartz M. D.

Coroner.

(Address) 1912 E. North Ave

M. D. B 1265-9

15928

# HEALTH DEPARTMENT—CITY OF BALTIMORE 15928

## CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St., 15 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Bergen

(a) Residence: No. 1612 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia K. Bergen

6. DATE OF BIRTH (month, day, year) Feby. 2, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 7 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Co. Dept. Store

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Bergen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Milton Bergen (Son)
(Address) 1717 Belfield Ave. Phila. Pa.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Hebrew Friendship Date Sept. 15 1935

19. UNDERTAKER Ward Somerheim & Sons
(Address) 1902 Eutaw Place
Huntington Millware, Md.

FILED 14 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 , to , 19 . Death is said I last saw h alive on , 19 to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Cerebral Hemorrhage | |
| Other contributory causes of importance: Arteriosclerosis | |

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Haas M. D.
Coroner

(Address) 1215 S. Hanover St.

M. D. P. 1268-9

F 15929

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15929

93-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N Calhoun St., 16 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie J. Williams

(a) Residence No. 1022 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of mrs Annie williams

6. DATE OF BIRTH (month, day, year) Nov. 1, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day..... hrs. or min. |
|---|---|---|---|---|
| | 49 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (day) 00 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick. Md

FATHER

13. NAME Columbus williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Tracy ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT mrs Annie williams

(Address) 1022 n calhoun st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemy Date Sept 16 35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st

20. FILED 1935, 19.... Huntington Ridgeway, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/35

22. I HEREBY CERTIFY, That I attended deceased from 7/13/35, 19.... to 7/13/35, 19....

I last saw her alive on Sept 13 19 35 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Ca. of Uterus

Date of onset 7/18/35

Other contributory causes of importance:

(b)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. H. Holcher, M. D.

(Address) 1225 Pa Ave

M. D. B. 1268-9

✓ F 15930

# F 15930 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 N. Calhoun St. 16 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Thomas

(a) Residence: No. 1015 N. Calhoun St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabella Thomas

6. DATE OF BIRTH (month, day, year) April 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Elliott City
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Elliott city Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Elliott City Md
(State or country)

17. INFORMANT Mazie Thomas
(Address) 1015 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept. 15 38

19. UNDERTAKER Thomas C. Kelson
(Address) 1303 Pennsylvania Ave Huntington Williams, Inc

20. FILED ... 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-3- 1935 to 9-12- 1935

I last saw him alive on 9-11- 1935. Death is said to have occurred on the date stated above, at 12:30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | |
| | about |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Unknown | |
| | |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? Late + typical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank R. Saunders M. D.

(Address) 1029 N. Stricker St.

M. D. B 1268-9

F 15931 ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15931

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospt St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? 11 yrs. 4 mos. 1 ds.

2. FULL NAME Robert Werner Williamson

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 209 Tunbridge Road St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May-11-1924

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 11 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenwich Conn

FATHER

13. NAME Robert Gordon Williamson

14. BIRTHPLACE (city or town) (State or country) Greenwich Conn.

MOTHER

15. MAIDEN NAME Laurie Wagner

16. BIRTHPLACE (city or town) (State or country) Hamden Conn.

17. INFORMANT Mr. Robt. G. Williamson (father)

(Address) 209 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Putnam Cem. Greenwich Conn. Date Sept 15 1935

19. UNDERTAKER Stewart & Mooren Company

(Address) 109 N. Eutaw St. Baltimore, Md.

20. Filed ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12/35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/12 1935

Where did injury occur? Alley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In alley near 209 Tunbridge Road

Manner of injury Struck by auto while on scooter

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

M. D. (Signed) Hunter Bullock Hale (Coroner)

(Address) 5142 Park Ave

F 15932

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 15932

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 W. Barre St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Emma W hite

(a) Residence: No. 7 W. Barre St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not date unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER \ FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT John Reed (son)
(Address) 7 W Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 16 1935

19. UNDERTAKER Lucas L Brandon & Sons
(Address) 1828 W North Ave Baltimore Md

20. FILED Sept 14 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935, to Sept 12, 1935

I last saw him alive on Sept 12, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset Several years

Other contributory causes of importance:

Mitral Insufficiency — Enlarged Liver — Old Hypertension — 6 mos

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. F. Young, M. D.

(Address)

M. D. B 1268-B

✓ F 15933

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15933

## CERTIFICATE OF DEATH

X34-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Dennis Hardy.(C)

(a) Residence: No. Patapsco Park A. A. Co. Md. Ward.....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~wife of~~ Estella Haedy.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 64 | ---------- | ---------- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0840

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Sadie Sparrow.(C)daughter.
(Address) Patapsco Park A. A. Co. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ost Calvary Date Sept 14, 1935

19. UNDERTAKER Isaac C. Brown Son
(Address) 10 W Mount Royal Ave

20. FILED SEP 14 1935, 19.....

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of an Aortic Aneurism. Probably specific. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Leonhardt M. D.
Coroner

9/11/35 Address 1017 E. Charles St.

M. D. B 1268-9

15934 HEALTH DEPARTMENT—CITY OF BALTIMORE 15934

# CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martin Kreiner

(a) Residence: No. 216 N. Duncan St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Kreiner 1870

6. DATE OF BIRTH (month, day, year) April 17 ~~1870~~

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 65 ~~64~~ | 4 | 25 ~~26~~ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Kreiner

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Elizabeth Beyers

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mrs. Mary Kreiner

(Address) 216 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/16/35 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2816 Eastern Ave

20. FILED SEP 14 1935 19 Huntingtons Funeral Service, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Chronic Interstitial Nephritis | |

Other contributory causes of importance:

Uremia - Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1914 E. Monument Ave.

M. D. F 1268-9

✓ F 15935

F 15935 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH**

X 46-E

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Fisher

(a) Residence: No. 204 Third ave., St., Brooklyn Pk., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sallie Fisher

6. DATE OF BIRTH (month, day, year) May 2-1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 4 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Supt. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nitrate Fertilizer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) N. C.

FATHER

13. NAME Washington Lee Fisher

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Nancy —

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Charles C. Fisher

(Address) 6. 15th Ave. Brooklyn Park

18. BURIAL, CREMATION OR REMOVAL

Place Norfolk Va. Sept 14. 1935

19. UNDERTAKER Horace E. Burgess

(Address) 3635 Falls Road Huntington Williams, N.Y.

20. FILED 19

Registrar.

4 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935 to Sept 13, 1935

I last saw h. alive on Sept 13 1935. Death is said to have occurred on the date stated above, at 5 55 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Pancreas | 2 yrs |
| Metastasis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl Merbel, M. D.

(Address) St. Agnes Hosp

M. D. B. 1268-9

✓ F 15936

F 15936

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3012 White Ave St., 21 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma V. Breyer - Is not a war Veteran

(a) Residence: No. 3012 White Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis H Breyer

6. DATE OF BIRTH (month, day, year) Dec. 24, 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 8 | 21 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Henry Arnold

14. BIRTHPLACE (city or town) High Seas
(State or country) German Boat

MOTHER

15. MAIDEN NAME — Smyth

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Schon
(Address) 3012 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Glenwood Cem Washington D.C. Date Sept. 14 1935

19. UNDERTAKER Leath Sasaman & Son
(Address) 7401 Belair Rd

Filed ..... 19 ..... Huntington Pettigrew
Registrar.

4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1934 to 9-17 1935

I last saw h[illegible] alive on 9-4 1935 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CARCINOMA OF PANCREAS | 1933 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St

M. D. B. 1268-9

✓ F 15937

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15937

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Edgevale Road St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Fogg Booth

(a) Residence: No. 207 Edgevale Road St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed~~, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Cortlen J Booth

6. DATE OF BIRTH (month, day, year) June 22 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME J Fogg

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME E. Johnston

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Cortlen J Booth
(Address) 207 Edgevale Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 15/35

19. UNDERTAKER Sears Reynolds and Co
(Address) Eutaw & Lexington Sts

20. FILED Sept 15 1935, 19..... Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1930 to Sept 14th, 1935.

I last saw her alive on Sept 14th, 1935. Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1928 |
| Hypertension | 1928 |

Other contributory causes of importance:

| | |
|---|---|
| Terminal Anuria | Sept 1935 |
| Pulmonary Edema | Sept 13/35 |

Name of operation None Date of —

What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. A. Chatard, M. D.

(Address) 300 N. Calvert St

M. D. B 1268-9

F 15938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15938

82-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 21

Length of residence in city or town where death occurred 21 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME John W. Hawes.

(a) Residence: No. 329 Scott St. St., ....Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Annie Hawes.

6. DATE OF BIRTH (month, day, year) April 22, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 61 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME John W. Hawes.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Annie Weierd.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Annie Hawes. ( wife )
(Address) 329 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethe- Meras Lea Co Date 9/15 19 35

19. UNDERTAKER Howard T. Elliott Jr.
(Address) 1418 W. Fayette St.

Huntington, W. Va. 19 Registered 9/13/35

F 4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.45 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | |
| Left Hemiplegia. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Eemhardt, M. D.
Coroner

(Address) 1017 E. Charles St. 9/13/35

F 15939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15939

## CERTIFICATE OF DEATH

5 10 23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Spriggs — If U. S. Veteran specify WAR

(a) Residence: No. 1416 Monument st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Separated |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept. 6, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Louise Bowe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ashburn cemetery Date Sept 12 1935

19. UNDERTAKER Edward Bryan
(Address) 1647 Orleans St

D. FILED SEP 14 1935, 19 Huntington Whitelaw Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1935 to Sept. 9, 1935

I last saw her alive on Sept. 9, 1935 Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Feb. 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospitals

F 15940

F 15940 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2331 N. Monroe St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR.....

2. FULL NAME Bertha Guenther

(a) Residence: No 2331 N. Monroe St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred. Guenther.

6. DATE OF BIRTH (month, day, year): July 22/1854

7. AGE: Years 81 | Months 1 | Days 2/29 | If LESS than 1 day ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: David Banker
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Augusta ?
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Wallace Guenther
(Address) 2331 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL: Sept 14 35
Place: Asbury Park N.J. Date
19. UNDERTAKER: W. H. Tucker & Sons
(Address) Howell & Davies Huntington Williams, M.D.

4 1935 ...19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Sept 12 1935
I last saw h.. alive on Sept 12 1935. Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis and acute dilitation of heart | Sept 1-35 Sept 12/35 |
| Other contributory causes of importance: | |
| arterio-sclerosis | ? |
| Hypertension | ? |

Was an operation performed? No Date of
For what disease or injury? No
Name of operation: None Date of
What test confirmed diagnosis: Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ...19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Walter D. Hebbett M. D.
(Address) 2220 Harrison Blvd.

F 15941

F 15941 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 118 N. Highland Ave (Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabella Smith

(a) Residence: No. # 118 N. Highland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Smith.

6. DATE OF BIRTH (month, day, year) March 26th 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Parley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mr William B. Smith

(Address) 118 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/16/1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 W. Baltimore St.

Huntington Williams, Registrar.

20. FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Sept 13 1935

that I saw h[illegible] alive on Sept 13 1935. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Hypertension

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinic Was there an autop[sy] no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Knox Insley, M. D.

(Address) 2956 E Balto

F 15942

F 15942

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 E Montgomery St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Simon Cohn

(a) Residence: No. 228 E Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Late Julia

6. DATE OF BIRTH (month, day, year) 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Philipp Cohn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Krantz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gracie Cohen daughter
(Address) 22 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Rd Date Sept 1935

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Baltimore St

20. FILED Sept 4 1935, 19 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1935 to Sept 13, 1935

I last saw h[illegible] alive on Sept 13, 1935. Death is said to have occurred on the date stated above, at 2 50 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia Selerosis C.V.D. | |
| Coronary Thrombosis | |
| Cardiac Collapse | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel J Hanten M.D.

(Address) 3224 Keyworth Falls Pkwy.

M. D. B. 1268-9

F 15943

# HEALTH DEPARTMENT—CITY OF BALTIMORE

5943

## CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Walker

(a) Residence: No. Elyndon Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sallie Walker

6. DATE OF BIRTH (month, day, year) Aug 10 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Walker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Thompson daughter
(Address) Elyndon Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Piney Grove Date Sept 17. 1935

19. UNDERTAKER J. E. Elmore & Son
(Address) Hunterstown Md

Huntingtown Williamsport Md

20. FILED
4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10-, 1935, to 9-14-, 1935

I last saw h.m. alive on 9-14-, 1935. Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Cerebrum | |
| Chronic Nephritis | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Calvin B. Lecompte, M. D.

(Address) Provident Hospital

15944 F 15944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Ernest Watson

(a) Residence: No. 719 Deep Dene Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 20 1934(?)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ernest Watson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Dorothy Martin

16. BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

17. INFORMANT Dorothy Watson

(Address) 719 Deep Dene Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Memory Park Date Sept 14th 1935

19. UNDERTAKER LeRoy L. Hedges

(Address) 6209 Harford Rd

Huntington Williams, Registrar.

4 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1935, to Sept. 14, 1935.

I last saw him alive on Sept. 14, 1935. Death is said to have occurred on the date stated above, at 8:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ileac Tus - enteritis | Sept. 9 |
| Cardio - respiratory failure | Sept. 14 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edwin Kreuler Jr. M. D.

(Address) Mercy Hospital

Spec.—7-17-26—A Co.—200 Bks.

15945

F 15945

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Eugene Eastman

(a) RESIDENCE NO. 2633 Oak St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31st, 1935

| 7 AGE Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|
| | | 12 d. | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment In which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Everett Eastman

11 BIRTHPLACE OF FATHER (City or town)

(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Alva Coleman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Mrs. Everett Eastman

(Address) 2633 Oak street

15 Filed 19 Registrar

5 1935 17(49)

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1935, to Sept. 13th, 1935,

that I last saw him alive on Sept. 13th, 1935,

and that death occurred, on the date stated above, at 11:05 A. M.

The CAUSE OF DEATH* was as follows:

Congenital Heart lesion

Absence of interventricular Septum

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an opecation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? By autopsy

(Signed) M. McNeal M. D.

. 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J. H. Mill School

Date of Burial Sept 14 19 35

20 UNDERTAKER

ADDRESS

Very important. See instructions on back of certificates. Last statement of OCCUPATION

M. D. B. 1268-9

F 15946

15946

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1.59

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. MADEIRA St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PATRICIA KAVANAUGH

(a) Residence: No. 402 N. MADEIRA St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day 16 hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 402 N. MADEIRA St

FATHER

13. NAME WALLACE HAMILTON KAVANAUGH

14. BIRTHPLACE (city or town) (State or country) WAKE VA.

MOTHER

15. MAIDEN NAME MARGERET T. STAVELY

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT Margaret Stavely
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Y.H.-Mt. Olivet Cemetery Date Sept 13 1935

19. UNDERTAKER
(Address)

20. FILED 15 1935 Huntington Williams M.D.
Registrar.

1708

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from SEPT 12, 1935 to SEPT. 13 1935

I last saw HER alive on SEPT 12, 1935. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PREMATURITY | |
| | |
| | |
| | |
| Other contributory causes of importance: MALNUTRITION | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis J. Kelemen M. D.

(Address) 2623 E. Monument

M. D. B. 1268-9

F 15947

15947

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. 1533

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Sinai Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Simon Rudman

(a) Residence: No. 1636 Ruxton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 58 (53) | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boys. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Wm Rudman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bruni Lichtman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holan Cemetery
Place Date 9/15/35 19

19. UNDERTAKER Jack Levin
(Address) 1324 E. Lexington St

20. FILED 5 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935 to Sept 14 1935

I last saw him alive on Sept. 14, 1935 Death is said to have occurred on the date stated above, at 11.15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| Bronchopneumonia | |
| Congestion | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Hypertension | |
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Hyp. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Lines, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 15948

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15948

## CERTIFICATE OF DEATH

93a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Park Heights Ave Ward) 5

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Henry Mitnick

(a) Residence: No. 3920 Park Heights Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline Mitnick

6. DATE OF BIRTH (month, day, year) 9-16-1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob H. Mitnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie R. Schreiber

16. BIRTHPLACE (city or town) (State or country) Boston England

17. INFORMANT Adeline E. Mitnick

(Address) 3920 Park Heights

18. BURIAL, CREMATION, OR REMOVAL 9/15-35

Place Hebrew Friendship 19

19. UNDERTAKER Jack Lewis Poe

(Address) 1439 E Baltimore St

20. FILED 19 Registrar

15 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocardial Insufficiency | Sept 35 |

Other contributory causes of importance:

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Elmer Ridgely Coroner M. D.

(Address) Coroner

M. D. B. 1268-9

5949

F 15949

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH West Balto. Gen Hosp. Registered No.

CITY OF BALTIMORE: (No. 15 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Ben Mayer

(a) Residence: No. 4101 Forest Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, year) 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Emanuel Leon Mayer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Polak

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Huntington Hills Date 9/16/35 19

19. UNDERTAKER Jas. Lewis Inc
(Address) 1737 E. Balto St.

15 1835 Huntington Hills, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/11/35, 19 to 9/13/35, 19

I last saw him alive on 9/13/35, 19 Death is said to have occurred on the date stated above, at 1250 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 9/8/35 |
| Ca. of Prostate | |
| Ca. of Bladder | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Shumpfabe, M. D.

(Address) West Balto Gen Hosp.

F 15950

15950

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Overland Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR do

2. FULL NAME Nicholas Connelly

(a) Residence: No. 2804 Overland Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Carolin Connelly

6. DATE OF BIRTH (month, day, year) Jan. 27 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 7 | 13 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Martain Connelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dugan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs W. J Ostendorf

(Address) 2804 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept. 16 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 W. Lexington St.

FILED SEP 15 1935 Harrington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Sept 13 1935

I last saw h... alive on Sept 13 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure | |
| | |
| | |
| | |
| Other contributory causes of importance: Myocarditis + arterio sclerosis | |

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Swank M. D.

(Address) 4268 Liberty Rd 9/14/35

15951 F 15951

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St., 13 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Blanche Leister

(a) Residence: No. 1114-36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence Leister

6. DATE OF BIRTH (month, day, year) 1-31-95

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 7 | 12 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) +
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER
13. NAME William Davis
14. BIRTHPLACE (city or town) Balto Co (State or country) Md
15. MAIDEN NAME Elisabeth Brown
16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Balto City Hospt (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Date Sept 16 1935

19. UNDERTAKER William Cook (Address) 1217 St Paul St

20. FILED Huntington Williams, M.D. Registrar.

5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-7 1935 to 9-13 1935
I last saw her alive on 9-13 1935 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of Cervix ?

Other contributory causes of importance:
Secondary Anemia ?
Malnutrition ?

Was an operation performed? no Date of

For what disease or injury?

Name of operation Biopsy Date of

What test confirmed diagnosis? of Cervix Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robt F. Martin M. D.
(Address) Balto City Hospt.

M. D. B 1268-9

(Armeling)

✓ F 15952

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15952

## CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4725 Park Heights Ave St., 27 Ward)

Length of residence in city or town where death occurred 59 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Mohler Armeling

(a) Residence: No. 4726 Park Heights ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Cora M Armeling

6. DATE OF BIRTH (month, day, year) Mar 26th 76

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 5 | 23 yrs | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Diamond Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Business

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo Armeling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cora M Armeling
(Address) 4725 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 16th, 1935

19. UNDERTAKER Geo Schilling & Son
(Address) 14 Dunbar & Augusta

Filed SEP 15 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13-1935

22. I HEREBY CERTIFY, That I attended deceased from June 24 1935 to Sept 13 1935

I last saw him alive on Sept 13 1935 Death is said to have occurred on the date stated above, at 7.25 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency | ? |
| | |
| | |
| | |
| Other contributory causes of importance: Dr Gay "Due to broken compensation" | 35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Gubat M. D.

(Address) 4863 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15953

15953

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH — 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3129 Gwynns Falls Parkway St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY ROSE ASENDORF

(a) Residence: No. 3129 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Asendorf

6. DATE OF BIRTH (month, day, year) Sept. 16, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME James A. Ward

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Eliza C. Driscoll

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles L. Asendorf

(Address) 3129 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Cemetery. Date 9/16/35 19

19. UNDERTAKER Chas. R. Davis & Son

(Address) 118 W. Fayette St.

20. FILED 9 15 1935 Registrar. Washington Williams, Jr. RPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 . 1935 to Sept 14 . 1935

I last saw her alive on Sept 14 . 1935 Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic valvular heart dis. | ? |
| Chronic interstitial nephritis | ? |

Other contributory causes of importance:

| | |
|---|---|
| Dangrene | 9/6/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest A. Rahn, M. D.

(Address) 3005 W. North Ave

F 15954

15954

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2211 Rogers Ave., St. 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eda E Sullivan

(a) Residence: No. 2211 Rogers Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Edwin Sullivan

6. DATE OF BIRTH (month, day, year) Jan 7, 1842

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 93 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Talbott Co. Md

FATHER

13. NAME James D. Shanahan

14. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

MOTHER

15. MAIDEN NAME Lydia Gibbs

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT W. B. Trout

(Address) 2211 Rogers Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 16 1935

19. UNDERTAKER Lee Cook

(Address) 1217 St Paul St

24. FILED 15 1935 Huntington Montgomery Co.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1935 to Sept 14 1935

I last saw h.. alive on Sept 13 1935. Death is said to have occurred on the date stated above, at 2 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Senility

Date of onset

Other contributory causes of importance:

Chr. Nephritis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify .....

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave.

M. D. B. 1268-9

15955

F 15955

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92 a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Carolina St., 10 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian McCready Ball

(a) Residence: No. 720 N. Carolina St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Color | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maynard.

6. DATE OF BIRTH (month, day, year) June 11th 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chapo Md.

FATHER

13. NAME Pete McCready

14. BIRTHPLACE (city or town) (State or country) Chapo Md.

MOTHER

15. MAIDEN NAME Lelia Flowers.

16. BIRTHPLACE (city or town) (State or country) Chapo Md.

17. INFORMANT Bessie Adams-Niece.
(Address) 2038 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place [illegible] Date Sept 15th 1935

19. UNDERTAKER Wm. Robert Elliott-Haught
(Address) 1129 Druid Hill Ave

20. FILED 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-4-, 1935, to 9-12-, 1935.

I last saw h[illegible] alive on 9-12, 1935. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvulitis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute dilatation of heart | 3 hrs. |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. E. Cargill, M. D.

(Address) 611 N. Carolina

M. D. B. 1268-9

15956 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15956

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 Brantley ave (St.,) 19 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Brooks Jr.

(a) Residence: No. 1032 Brantley ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary E Brooks.

6. DATE OF BIRTH (month, day, year) 8/20/ 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laber

10. Date deceased last worked at this occupation (month and year) 9/1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md

FATHER

13. NAME Joseph Brooks.

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Clark.

16. BIRTHPLACE (city or town) St Marys Co (State or country) Md

17. INFORMANT Mary E. Brooks.

(Address) 1032 Brantley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 16 1935

19. UNDERTAKER Wm. Reed Elliott & Brandon

(Address) 1129 Caroline St

Huntington Follianse, MD

No. 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 35 to Sept 13 35

I last saw h[illegible] alive on Sept 13 35 Death is said to have occurred on the date stated above, at 1.40 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nefritis Complicated with Pleurisy. | 8/25 |
| | |
| | |
| | now |

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gregory M. D.

(Address) 622 N. Arlington ave

M. D. B. 1268-9

F 15957

15957

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Wilkens Ave 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 Walbrook ave St., 72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Adam Bachman

(a) Residence: No. 3731 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 5, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 9 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Martinsburg W Va
(State or country)

FATHER

13. NAME Adam Bachman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Ebeling

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Fred Bachman
(Address) 3731 Walbrook ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 9/16/35 19

19. UNDERTAKER Bernard A Fink & Co.
(Address) 1335 Harford Road.

20. FILED SEP 15 1935 Hamilton Murray Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from September 7 1935 to September 13 1935

I last saw him alive on September 12 1935. Death is said to have occurred on the date stated above, at 5:00 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis general | unknown |
| Hypertension | " |
| Nephritis Chronic Interstitial | " |
| Cerebral Hemorrhage. | Sept 7, 1935 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical & Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Eliot W Johnson M. D.

(Address) 3432 Frederick a

15958 F 15958

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Theresa Cook

If U. S. Veteran specify WAR

(a) Residence: No. 835 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) April 10, (?)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | ? 7 5 | ? 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Fredrick Cook

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Sarah Henry

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Balto City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 9/16, 1935

19. UNDERTAKER Hemler Bros. Mears & Son
(Address) 505 N. Calvert St.

20. FILED 9/16, 1935 Huntington Williams, M.D. Registrar

15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1935 to 9-13, 1935

I last saw her alive on 9-13, 1935 Death is said to have occurred on the date stated above, at 1.50 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | ? |
| Other contributory causes of importance: Secondary Anemia | ? |
| malnutrition | ? |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospt.

15959 ✓F 15959

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Powhattan Ave. St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas A. Murray

If U. S. Veteran specify WAR.....

(a) Residence: No. 3505 Powhattan Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hering Murray

6. DATE OF BIRTH (month, day, year) Feb. 13, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty. at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Rec. Joshua T. Murray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. C. Emory

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles W. Murray
(Address) 3505 Powhattan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 9/16/35 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place
Huntington Philiaus

20. FILED SEP 16 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th 1935 to Sept 14th 1935

I last saw him alive on Sept 13th 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (with fibrillation) } Several years
(Probably acute coronary thrombosis) } 1 week

Other contributory causes of importance: Acute bronchitis. 7 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Laparotomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) J. Bruce B. E. Seegar M. D.

(Address) 7 W. Read St.

15960
303392

F 15960

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 72-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Wm Riley

(a) Residence: No. 121 May St., Ward. Fairmount W. Va

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-10-29

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 9 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Charles Riley

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary Kline

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Hunnerton W. Va Sept 15 1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

Huntington Williams, W. Va

5 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935 to Sept 15, 1935

I last saw him alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 4 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myelogenous Leukemia | July 1935 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Anemia | Sept. 1935 |
| Fever | 4 days ago |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Reese M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 15961

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15961

## CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Cit. Hosp. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida K. Stripe

(a) Residence: No. 4421 Roslyn Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Aug 24 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | — | 18 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 1880

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forraken Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middleton Pennsylvania

FATHER

13. NAME Henry L. Stripe

14. BIRTHPLACE (city or town) (State or country) Middleton Pa.

MOTHER

15. MAIDEN NAME Mary L. Reforer

16. BIRTHPLACE (city or town) (State or country) Middleton Pa.

17. INFORMANT Mrs. John L. Dinkel

(Address) 4421 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Pa. Date Sept 16, 1935

19. UNDERTAKER Leonard J. Rutt

(Address) 5305 Harford Rd.

20. Filed Sept 16 1935 Registrar

5 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| fracture of femur | Sept 3 |

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 3, 1935

Where did injury occur? 4421 Roslyn Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell down cellar steps

Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 1011 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15962

15962

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Baby Girl Scoggs

If U. S. Veteran specify WAR

(a) Residence: No. Lower Marlboro St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) September 5, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day ..hrs. or ..min. |
|---|---|---|---|
| | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lower Marlboro, Md.

FATHER

13. NAME George W. E. Scoggs

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Clara ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George W. E. Scoggs

(Address) Lower Marlboro, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lower Marlboro Date Sept 15 1935

19. UNDERTAKER Andrew J. Emmert

(Address) Agent for Wm. Hilleary Huntingtown, Md.

Registrar.

15 1935

RR #

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lower Marlboro Md

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schaefer M. D. Coroner

(Address) 1917 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

ROWE

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15963

## CERTIFICATE OF DEATH

✓ 93-C F 15963

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 711 W Lanvale St., 17 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Cecelia Rowe

(a) Residence: No. 711 W Lanvale St., 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George G. Rowe

6. DATE OF BIRTH (month, day, year) July 17 - 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 93 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

FATHER

13. NAME Howard Tilton

14. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

MOTHER

15. MAIDEN NAME Lucy E. Hughes

16. BIRTHPLACE (city or town) Philadelphia Pa.
(State or country)

17. INFORMANT Mrs. Helen G. Longstreth
(Address) 76 Deshill Rd. Westhampton Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem. Date Sept. 17 1935

19. UNDERTAKER H. H. Poppleton & Sons Inc.
(Address) Eldon Md.

20. FILED SEP 16 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935 to September 15, 1935

I last saw h. alive on Sept 11, 1935 death is said to have occurred on the date stated above, at 11.9 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic hypertension | 1930 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute fecal impaction | 9/14/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard A. Kelly, M. D.

(Address) 711 W Lanvale St.

SUBSCRIPTION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. F 1268-9

15964 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 15964

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp. 19 N. Exeter St. St., 5 Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Arthur Cheesman

(a) Residence: No. 19 N. Exeter St St., ..... Ward. WAR VETERAN.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Cheesman

6. DATE OF BIRTH (month, day, year) March. 4. 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 44 yrs | 6 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United States Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westfield. (State or country) N. J.

FATHER

13. NAME Charles Cheesman

14. BIRTHPLACE (city or town) Westfield (State or country) N.J.

MOTHER

15. MAIDEN NAME Harriett P. Cobb.

16. BIRTHPLACE (city or town) Westfield. (State or country) N.J.

17. INFORMANT Mrs. Elsie. Cheesman. (Wife.)
(Address) 19. N. Exter Street.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S.National Cem. Date Sept. 17th 1935

19. UNDERTAKER Robert Burns & Son
(Address) Calhoun & Hollins Sts.

20. FILED SEP 19 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Other contributory causes of importance: | |
| Chronic Bronchitis | 1933 |
| Neurosis of Stomach | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis? History & Case Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Conn B. Wallace M. D.
Coroner

(Address) 10 St Paul St.

15965

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15965

## CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Dillon

(a) Residence: No. 1142 W Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ late Mary Dillon

6. DATE OF BIRTH (month, day, year) Sept 16, 1860

| 7. AGE | Years | Months | Days 29 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 11 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lobar do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Dillon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Costello

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peter Cem date 9/18/1935

19. UNDERTAKER John J Cowdery Son
(Address) 1901 Hollins St

20. FILED ... 19... Registrar.

~~Thomas J. Fitzpatrick, M.D.~~

SEP 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1935, to Sept 15, 1935

I last saw ~~him~~ alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 7.00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Cerebral hemorrhage | 9-14-35 |
| Other contributory causes of importance: | |
| Myocardial failure | Sept 1935 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

15966

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15966

## CERTIFICATE OF DEATH

157-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Ashburton St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carol J. Kelly

(a) Residence: No. 918 Ashburton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 21st 1930

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John G. Kelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ruth M. Morris

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr John G. Kelly

(Address) 918 Ashburton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/16/ 1935

19. UNDERTAKER John G. Edwards Son

(Address) 1901 Wallbrook St.

20. FILED SEP 16 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1935 to Sept 5 1935

I last saw her alive on Sept 5th 1935 Death is said to have occurred on the date stated above, at 4.20 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary (bronchial) Pneumonia - according to Spina Bifida. — Date of onset Aug 30

Other contributory causes of importance:

Spina Bifida. — Birth

Was an operation performed? no Date of

For what disease or injury?

Name of operation [redacted]. Date of

What test confirmed diagnosis? [redacted] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Lyman Mueller M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 15967

# F 15967 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Jefferson St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Meyer Caplan

(a) Residence: No. 1821 Jefferson St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 26 | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hearst Newspapers
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Wm. Caplan
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie Bloom
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. M. W. Jacobson
(Address) Bedford Hills - N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Co. Date Sept. 16 1935

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Pl. Huntington Milwaukee, Wis.

20. FILED 16 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Sept 15, 1935
I last saw h... alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonal Carcinoma | |
| of Tonsil | March 1935 |
| Other contributory causes of importance: | |
| Carcinomatosis - | |

Was an operation performed? yes Date of March 1935

For what disease or injury? —

Name of operation Tonsillectomy Date of March 1935

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence H. Serra M. D.

(Address) 1009 Cathedral Blvd.

M. D. B. 1268-9

F 15968

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15968

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Washington Blvd. St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Bien

(a) Residence: No. 2532 Washington Blvd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie E. Bien

6. DATE OF BIRTH (month, day, year) May 12, 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 years | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moving Picture Parlor

10. Date deceased last worked at this occupation (month and year) 8/11/35

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Henry Bien

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Bien (daughter)
(Address) 2532 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Sept 17 Loudon P ... 19 ...

19. UNDERTAKER Edw Tonkin
(Address) 2532 Washington Blvd.

20. FILED ... 19 ...
Registrar.

16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935 to Sept. 13, 1935
I last saw him alive on Sept. 13, 1935 Death is said to have occurred on the date stated above, at 9:45a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | 8/13/35 |
| Bronchial pneumonia | 8/9/35 |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed Edward J. Miles M. D.
(Address) 692 Washington Blvd

F 15969

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15969

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Emma Brocato — If U. S. Veteran specify WAR .....

(a) Residence: No. 107 Seventh Ave St., ..... Ward. Anne Arundel Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe. | Wh. | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Anthony Brocato

6. DATE OF BIRTH (month, day, year) Jan 30 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 00 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Abey

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E. Fogler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Anthony Brocato
(Address) 107 Seventh Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 17, 1935

19. UNDERTAKER R. Bowen Evans
(Address) Huntingtown Maryland

20. FILED SEP 18 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to Sept 14, 1935

I last saw her alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 7 45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hyperthyroidism (toxic) | |
| | |
| | |
| | |

Other contributory causes of importance:
Diabetes Mellitus
Cause myocardial failure

Was an operation performed? Yes Date of 9/11/35

For what disease or injury? Hyperthyroidism

Name of operation Thyroidectomy Date of 9/11/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Ramsay M. D.

(Address) Maryland General Hosp.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

F 15970

F 15970

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)
Unknown
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Robert Watkins

(a) Residence: No. 207 N. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Watkins

6. DATE OF BIRTH (month, day, year) Jan. I, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unkown ooko

10. Date deceased last worked at this occupation (month and year) Unkown

11. Total time (years) spent in this occupation Unkown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Robert Watkins

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Crews

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemet Date Sept 16th 35

19. UNDERTAKER Elroy D. Wilson
(Address) 100 N Bentley Springs Huntington Williams, Nec

20. FILED 16 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935 to Sept. 12, 1935
I last saw him alive on Sept. 12, 1935 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | May 1935 |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlgin, M. D.
(Address) Balto. City Hospitals.

M. D. B 1268-9

F 15971

F 15971

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4530 Harford Rd. St., 21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. Burton

If U. S. Veteran specify WAR.....

(a) Residence: No. 4519 Harford Rd. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph L. Burton

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha E. Shriver

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Joseph L. Burton (Address) 4519 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Reburial Date 9/17, 1935

19. UNDERTAKER Leonard J. Rucks (Address) 3057 Hartford Road

20. FILED ..... 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute alcoholism | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hurd Thurston, M. D.
Coroner

(Address) 1917 E. Monument Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15972

303792

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15972

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Evan W. Evans

(a) Residence: No. 611 N. Highland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): 9-1-93

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 42 | | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: David Evans

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Hannah Williams

16. BIRTHPLACE (city or town) (State or country): Utah

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Sept 16. 1935

19. UNDERTAKER George W. Zirkler

(Address) 1757 E. Eager St.

20. FILED SEP 16 1935, 19... Huntington Place Registrar, W.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935 to Sept 13, 1935

I last saw him alive on Sept 13, 1935. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic carditis with ? | 3-?-1929 |
| Myocardial failure. | |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) John D. Crossman, M. D.

(Address) The Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

2251 F 15973

15973 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 N. Smallwood St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? Yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Simon

(a) Residence: No. 2112 N. Smallwood St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Simon

6. DATE OF BIRTH (month, day, year) 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos. Simon Son
(Address) 2112 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Filed Druid Hill Cem. Date 9/16/35 19

19. UNDERTAKER Jos. Levy Sons
(Address) 1439 E. Baltimore St.

20. FILED SEP 16 1935 19 Hunter for Fitzpatrick

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15/35 19

22. I HEREBY CERTIFY, That I attended deceased from July 1929 to Sept. 15, 1935

I last saw h.. alive on Sept. 15, 1935 Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Chronic) Tbc of bowel past 10 years with cavitation and exacerbation during past 6 mos. | |
| Other contributory causes of importance: Cardiac failure and emaciation. | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Phys. & X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Nathan H. Hunt, M. D.

(Address) 2351 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

F 15974

M. D. P. 1268-9

F 15974 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 Eutaw Pl. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Harris Tolick

(a) Residence: No. 2442 Eutaw place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ichel

6. DATE OF BIRTH (month, day, year) Oct 12 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 50 | 51 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin Hoffman

14. BIRTHPLACE (City or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude Bra

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Gertrude Goodman

(Address) 2413 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL

Place Herbert Boradale Date Sept 16 1935

19. UNDERTAKER Sol Levenson Bro.

(Address) 1127 E Baltimore

20. FILED SEP 16 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935 to Sept 15 1935

I last saw her alive on Sept 15 1935 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset Sept 12 1935

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney L. Levy M.D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15975

# F 15975 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George & Gregonia

(a) Residence: No. 1419 North Chester St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11 1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 8 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Sadie Miller

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Sadie Gregonia
(Address) 1419 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 16 1935

19. UNDERTAKER Martin H. E. Dippel
(Address) 21 S. Arnold St

20. FILED SEP 16 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13 1935

22. I HEREBY CERTIFY, That I attended deceased from September 7 1935 to September 13 1935

I last saw him alive on September 13 1935. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute osteomyelitis (L. of tibia) Staphylococcus aureus | |
| 2. Septicaemia (staph aureus) | |
| Other contributory causes of importance: | |
| 1. Multiple metastatic abscesses | |

Name of operation osteotomy left tibia Date of 9-7-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

15976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15976

## CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Greenshaw ave 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick W. Severn

(a) Residence: No. 4810 Greenshaw ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Mc Severn

6. DATE OF BIRTH (month, day, year) Jan 28 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 7 | 17 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Painter)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House of 50

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Elberfeld Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie Severn
(Address) 4810 Greenshaw ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 17 1935

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway
Huntington Funeral Home, Inc.

FILED SEP 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18 1935 to Sept 14 1935

I last saw h.. alive on Sept 14 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Rectum | May 1935 |

Other contributory causes of importance:

Was an operation performed? Yes. Date of June 1/35

For what disease or injury? Carcinoma

Name of operation Colostomy Date of June 1/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. Stadberg M. D.

(Address) 4810 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

15977 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 15977

## CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 40 yrs. ..... mos. ..... ds.

2. FULL NAME Harry Hamburger

(a) Residence: No. 2405 Callow Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yessel Hamburger

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Mem. Park Date 9/16/35 19

19. UNDERTAKER Levi Levin Inc.
(Address) 1439 E. Baltimore St.

20. FILED SEP 16 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1935 to Sept 16 1935

I last saw him alive on Sept 10 1935 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | April 1935 |
| Hemorrhage from Carcinomatous Ulcer | Sept 1935 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. B. Gross M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—1-12-23—M&T—500 Blks.

F 15978

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15978

## CERTIFICATE OF DEATH.

107-a 3049

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Baltimore ST. 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Stinchcomb McConkey

(a) RESIDENCE NO. 1603 Baltimore St. ST. WARD Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John McConkey

6 DATE OF BIRTH (month, day, and year) April 16 1842

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | 93 | 5 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Worthington Valley

PARENTS

10 NAME OF FATHER John Robert Cockey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Deborah Pond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. McConkey (Daughter in Law)
(Address) 1603 Baltimore St.

15 Filed SEP 16 1935 Hunter for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1935

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 8 1935 to Sept 15 1935, that I last saw h~~e~~r alive on Sept 10 1935 and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Contusion of Left Leg

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological findings

(Signed) H Bernard Jr M. D.

19 (Address) Med Arts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemy.

DATE OF BURIAL 9/17/1935

20 UNDERTAKER John O. Mitchell Funeral Home

ADDRESS 1900 Eutaw St.

TION is very important See instructions on back of certificates.

15979 E 15979

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Ashland ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Aulbach

If U. S. Veteran specify WAR

(a) Residence: No. 1209 Ashland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 7 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Aulbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Kerr

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Miss Margaret A. Aulbach
(Address) 1209 Ashland ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 18, 1935

19. UNDERTAKER Henry Heck & Son
(Address) 1301 E. Lafayette Ave

Washington Philadelphia, Pa.

SEP 16 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to Sept 14 1935

I last saw h. alive on Sept 14 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Oedema & Broncho-pneumonia (Terminal) | |

Other contributory causes of importance:

Myocarditis.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) John A. Ahrensbach M. D.

(Address) 1337 S. Charles St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 15980 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 15980

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 BELMONT AVE 16 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JOSEPHINE HAUCK

(a) Residence: No. 2904 BELMONT AVE St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): WIDOW

5a. If ~~married, widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of: RUDOLPH HAUCK

6. DATE OF BIRTH (month, day, year): SEPT 29 1855

7. AGE: Years 79 80 | Months 11 | Days 15 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ditto

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): GERMANY

FATHER

13. NAME: NOT KNOWN

14. BIRTHPLACE (city or town) (State or country): GERMANY

MOTHER

15. MAIDEN NAME: NOT KNOWN

16. BIRTHPLACE (city or town) (State or country): GERMANY

17. INFORMANT: MRS. A. REULING

(Address) 2904 BELMONT AVE

18. BURIAL, CREMATION, OR REMOVAL: LORRAINE CEMETERY Date 9/18/35

19. UNDERTAKER: GEO. H. LEIMBACH

(Address) 525 N. WASHINGTON ST.

20. FILED SEP 16 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Sept 14 1935

I last saw her alive on Sept 10 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis | |
| Myocarditis | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |
| Chronic nephritis | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O. V. Leon, M. D.

(Address) 2123 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 15981

# F 15981 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 22 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Wright

(a) Residence: No. 647 W. Lee St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed or divorced, HUSBAND of (or ~~WIFE of~~) Isaiah Wright

6. DATE OF BIRTH (month, day, year) November 6, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rhode Island.

MOTHER FATHER

13. NAME Robert Wingfield

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alice Shelton

(Address) 647 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL

Place Roswell Va Date 9/16/35

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED SEP 18 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 13. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Meningitis J | |
| undetermined type | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 9192 Harford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 958

M. D. B 1268-9

F 15982

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15982

## CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Stanley

If U. S. Veteran specify WAR .....

(a) Residence: No. 209 N. Eden St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rosetta Stanley

6. DATE OF BIRTH (month, day, year) Aug 12 1910

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 25 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (welfare work)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Colemans' (State or country) Maryland.

FATHER

13. NAME Harry Stanley

14. BIRTHPLACE (city or town) Colemans' (State or country) Maryland

MOTHER

15. MAIDEN NAME Reba Brown

16. BIRTHPLACE (city or town) Colemans' (State or country) Maryland

17. INFORMANT Mrs. Arella Stanley (Address) 209 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary on Sept. 18 1935

19. UNDERTAKER Robert F. Cowgill (Address) 504 N. Caroline St.

20. FILED SEP 16 1935 19 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Urinary retention | Sept 11 1935 |
| a extravasation | |

Other contributory causes of importance:

| | |
|---|---|
| Urethral Structure | Aug 1935 |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D. Coroner

(Address) 1610 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

M. D. B 1268-9

F 15983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15983

## CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Ashland Ave St., 10 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Raymond Bowen

(a) Residence: No. 607 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ophelia Bowen

6. DATE OF BIRTH (month, day, year) 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ophelia Bowen
(Address) 1470 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Etc. Date 9/17 1935

19. UNDERTAKER Eugene Sanders
(Address) 1413 E Baltimore St

20. FILED 19 Registrar.

SEP 16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| (a) | |
| (b) | |
| (c) | |
| (d) | |

Other contributory causes of importance: Pulmonary Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Ritenour M. D.
Coroner

(Address) 1714 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-9

F 15984

# F 15984 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Bank Street St., 3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Antonina Przybylska

(a) Residence: No. 1507 Bank Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24th/1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Makowiecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anastazya Krusniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anthony Przybylski (Son)
(Address) 1507 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Sept 16th, 1935

19. UNDERTAKER George A. Weber
(Address) 705 E Lanvale St

Huntington Hilltown, 19

FILED SEP 16 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935 to Sept. 15, 1935

I last saw h-- alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| Myocardial Insufficiency | |

Other contributory causes of importance:

Arteriosclerosis - Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Andrew Makowiecki, M. D.

(Address) 213 N Eden

OCCUPATION is very important. See instructions on back of certificate.

F 15985

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15985

## CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Helen Binkowska

If U. S. Veteran specify WAR

(a) Residence: No. 112 S. Wiehanna St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/14/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensville Md.

FATHER

13. NAME Joseph Binkowska

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Agnes —

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 16, 1935

19. UNDERTAKER Fred W. Ozarowski

(Address) 1930 Eastern Ave.

SEP 16 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935, to Sept-15- 1935

I last saw her alive on Sept-15- 1935. Death is said to have occurred on the date stated above, at 6:15 p m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea; probably dysentry | ca. Sept 8 |
| | |
| | |
| Other contributory causes of importance: inadequate care & feeding | birth |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen Louise Snyder M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 15986

# F 15986 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Old York Rd 9 St., ..... Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME M. Katherine Pfaff

(a) Residence: No. 3903 Old York Rd St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year): Mar. 1, 1865

7. AGE: Years 70 | Months 6 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: George Pfaff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary K. Kubel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Henrietta Pfaff

(Address) 3903 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL: Dec 17 1935

Place: Greenmount Cem.

19. UNDERTAKER: Wm. Tyler Cole Sons

(Address) North & Paines. Huntington Pittsburgh, Pa.

20. FILED: DEC 17 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1918 to Sept 15, 1935

I last saw h alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1918 |
| Ch. Myocarditis | 1918 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Septic Arthritis | 1935 |
| Acute cardiac dilatation | 1935 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. W. Bishop, M. D.

Sept 15 1935 (Address) 501 Glenarch Av.

✓ F 15987

15987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Northfield Place Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Carl Reisinger

(a) Residence: No. 310 Northfield Place Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Virginia Reisinger

6. DATE OF BIRTH (month, day, year) Jan. 16, 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 89 | 0 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres. Coats

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reisinger Sickler & Co.

10. Date deceased last worked at this occupation (month and year) Sept. 27 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Wm Reisinger

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Mary Reutter

16. BIRTHPLACE (city or town) (State or country) Winterburg Germany

17. INFORMANT Miss Blanche Reisinger

(Address) 310 Northfield Place

18. BURIAL, CREMATION, OR REMOVAL

Place Corridine Cem. Date Sept 16 1935

19. UNDERTAKER Wm Purnell Sons

(Address) Howell & Graves Huntington Williams, W. Va.

20. FILED SEP 16 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to Sept 13, 1935

last saw him alive on Sept 13 1935 Death is said to have occurred on the date stated above, at 1.17 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | Sept 7 1935 |
| Other contributory causes of importance: Senile Arterio-Sclerosis | ? |

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Gibson Parker M. D.

(Address) 4527 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

15988 E 15988

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital (Street)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lillian Ottenritter

(a) Residence: No. 710 Springfield Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

5a. If married, widowed, or divorced (or) WIFE of Philip Ottenritter

6. DATE OF BIRTH (month, day, year) 6/23/1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 38 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

13. NAME Albert Redmer

FATHER

14. BIRTHPLACE (city or town) (State or country) Don't know

MOTHER

15. MAIDEN NAME Martha Fleischman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Philip Ottenritter

(Address) 710 Springfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 9/17 19 35

19. UNDERTAKER John J. Moran

(Address) 3000 E. Baltimore

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 9/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1935 to Sept. 13, 1935

I last saw her alive on Sept 10, 1935. Death is said to have occurred on the date stated above, at 9:42 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | |
| (8th Day ff: Normal Spontaneous Delivery) | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. A. Sedlacek, M. D.

(Address) Bon Secours Hosp.

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

F 15989

15989

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenham Hospital — Registered No.

CITY OF BALTIMORE: (No. 9 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Dodson — If U. S. Veteran specify WAR

(a) Residence: No. Oliver, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1924

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 11 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Oliver
(State or country) Maryland

FATHER

13. NAME James Dodson

14. BIRTHPLACE (city or town) Oliver
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sara Lusby

16. BIRTHPLACE (city or town) Oliver
(State or country) Maryland

17. INFORMANT Father
(Address) Oliver, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Oliver, Md. Date Sept 16, 1935

19. UNDERTAKER A. C. Harkins & Son
(Address) Mutual, Md.

20. FILED SEP 16 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935, to Sept. 16, 1935

I last saw her alive on Sept. 16, 1935. Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria - nasal, pharyngeal, tonsillar. | Sept. 8 |
| Other contributory causes of importance: | |
| Cardiac failure | Sept 15 |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Culture. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiles Jr., M. D.
(Address) Lyndenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 15990

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In Street in Front of 22 Ward)

619 Wash. Bulv.

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Keating? May not be Correct Name

(a) Residence: No. Not Known St., .....Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Notknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of notknown

6. DATE OF BIRTH (month, day, year) notknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| About 56Yr. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) notknown (State or country)

FATHER

13. NAME notknown

14. BIRTHPLACE (city or town) notknown (State or country)

MOTHER

15. MAIDEN NAME notknown

16. BIRTHPLACE (city or town) notknown (State or country)

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 6 19 35

19. UNDERTAKER .....

(Address)

20. FILED ..... 19..... Registrar

SEP 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) Sept 5, 1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. R. Carlin M. D. Coroner

(Address) 2707 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

Moore ✓ F 15991

F 15991

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Franklin Moore

(a) Residence: No. Centerville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23rd 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 6 | 18 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dover
(State or country) Delaware

FATHER

13. NAME Samuel Moore

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Edna Clough

16. BIRTHPLACE (city or town) Maryland.
(State or country)

17. INFORMANT Mrs. Samuel Moore
(Address) Centerville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Sept 16, 1935

19. UNDERTAKER
(Address)

20. FILED SEP 19 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to Sept. 10th, 1935

I last saw him alive on Sept. 10th, 1935. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6/35 |
| Mediastinal Tuberculosis | 4/35 |

Other contributory causes of importance:
Compression of trachea by mediastinal glands

Was an operation performed? yes Date of 7/27/35

For what disease or injury? Cyst of left Kidney

Name of operation Nephrectomy Date of 7/27/35

What test confirmed diagnosis? Tb. organisms in Sputum Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. Clagett Beck M. D.

(Address) 215 Northway, Balto.

15992 F 15992

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Hall

If U. S. Veteran specify WAR

(a) Residence: No. 130 Winter st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Solomon Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sister Jobes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Sept 16 1935

19. UNDERTAKER

(Address)

16 1935 Huntington Williams

1713

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1935, to Sept. 11, 1935

I last saw him alive on Sept. 11, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

Penalty for making false statement in any part thereof, or for willfully concealing any material fact, is fine of not more than $500 or imprisonment for not more than 1 year, or both. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 15993

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2441 Lakeview Ave 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Bettie Long Rosenthal

(a) Residence: No. 2441 Lakeview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Rosenthal

6. DATE OF BIRTH (month, day, year) Dec. 7, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0400

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraid Long

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Tannebaum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. D. Rosenthal

(Address) Crossbendung Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Ahabat Shalom Date Sept. 17 1935

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw St.

20. FILED SEP 16 1935, 19 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 35, 19..., to Sept 15, 1935

I last saw her alive on Sept 15, 1935 Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-sclerosis - angina pectoris | 1924 (11 years) |
| Other contributory causes of importance: Acute uremia - myocarditis | 2 weeks |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz, M. D.

(Address) Temple Harbor Apts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15994

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15994

## CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sewer Cor. Ostend and Pac 21 St., ..... Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Not Known

(a) Residence: No. Not Known St., .....Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept. 10, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..2.. hrs. or .....min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) NotKnown

FATHER

13. NAME NotKnown

14. BIRTHPLACE (city or town) (State or country) NotKnown

MOTHER

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) NotKnown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date Sept 12 1935

19. UNDERTAKER .....

(Address)

20. FILED SEP 16 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The prinripal cause of death and related causes of importanre were as follows:

| | Date of onset |
|---|---|
| Shock and Neglect | |
| | |
| | |
| | |
| | |

Other rontributory rauses of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external rauses (violenre) fill in also the following:

Acrident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury ocrur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify .....

(Signed) F. C. Mellon M. D.

(Address) 2757 W. North Ave

M. D. B 1268-9

15995 F 15995

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 420 W Hoffman st., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elemenia Wade. U.S. Veteran specify WAR

(a) Residence: No. 420 W Hoffman st, Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| B | C | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-28-1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 11 | 14 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dancer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Albert Wade

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Garnett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph D Wade
(Address) 420 W Hoffman st

18. BURIAL, CREMATION OR REMOVAL
Place Hillsboro Plain (Richmond Va.) Date 17 1935

19. UNDERTAKER William A Jackson
(Address) 716 Penna ave

20. FILED 1935 19 Registrar.

AUG 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 14 1935 |
| Other contributory causes of importance | |
| Septicemia - pneumonia | Sept 10 1935 |

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. S. Allen M. D.
Coroner

(Address) 507 Lexington st

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 15996

# HEALTH DEPARTMENT—CITY OF BALTIMORE

15996

## CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5251 Cordelia av St., 27 Ward)

Length of residence in city or town where death occurred 1yr. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Frank A Kutz

If U. S. Veteran specify WAR .....

(a) Residence: No. 5251 Cordelia av St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Kutz

6. DATE OF BIRTH (month, day, year) 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 44 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Male Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospitals

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Kutz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose Zaczac

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Johanna Kutz

(Address) 5251 Cordelia av

18. BURIAL, CREMATION, OR REMOVAL

Place Rosary Cem Date Sept 18 1935

19. UNDERTAKER Geo A Frankenstein

(Address) 1002 E Monument St

20. FILED ..... 19..... Registrar.

SEP 16 1935

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Illuminating Gas asphyxiation | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 15, 1935.

Where did injury occur? 5251 Cordelia av Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Grieshaber M. D. Coroner

(Address) Coroner

See Instruction on Back

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

15997 ✓ F 15997

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D. Dunn Jr.

(a) Residence: No. 3rd Ave South Glen Burnie Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Apr 17 - 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industrial Alcohol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) Sept 13-1935

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry D Dunn Sr.

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Myrtle Laugle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry D Dunn Sr.

(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 17 1935

19. UNDERTAKER Thomas W. Singleton

(Address) Glen Burnie Md

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14/35

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 9-14 19 35 Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trauma Burn | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9/14 1935

Where did injury occur? Factory

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Trans Factory Near Glen Burnie Md

Manner of injury Fire Blast out Car overturned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wilkes Gray Jr. M. D. Coroner

(Address) 524 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-9

F 15998

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 15998

## CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 E. Fort Ave. Ward) 24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Martha Walker

(a) Residence: No. 434 E. Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Walker

6. DATE OF BIRTH (month, day, year): September 12-1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 63 | — | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Julius Schwartz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Albert Walker

(Address) 434 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Cemetery Date: Sept. 18, 1935

19. UNDERTAKER: George L. Schwab

(Address) 310 S. Eutaw St.

20. FILED: SEP 16 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935 to Sept 15, 1935

I last saw her alive on Sept 14, 1935. Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 3 mos. |
| Other contributory causes of importance: Acute Cardiac Dilatation | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. H. Barranco, M. D.

(Address) 436 E. Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5-3

M. D. B. 1268-9

William Randel ✓ F 15999

F 15999

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Randel (Randel)

(a) Residence: No. 1402 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia A. Randel

6. DATE OF BIRTH (month, day, year) Nov 12th 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | 9 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Henry L. Randel

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah Rostetter

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Sophia A. Randel

(Address) 1462 Hanover st

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Sept 17th 1935

19. UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover St

20. FILED ... 19... Registrar

SEP 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14 1935

22. I HEREBY CERTIFY, That I attended deceased from September 2 1935 to September 14 1935

I last saw him alive on September 14 1935 Death is said to have occurred on the date stated above, at 1.20 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8/27 |
| Other contributory causes of importance: Bronchio-pneumonia | 9/10 |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) William D. Wolf, M. D.

(Address) South Baltimore Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F. 16000 ✓ F 16000

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH 1907 Oakhill Ave 9 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Barbara Morgan

(a) Residence: No. 1907 Oakhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Thos Morgan

6. DATE OF BIRTH (month, day, year) 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Zeibel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Burnigundi Burkle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Broom Mahaney

(Address) 223 Lisman St, Phila

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 9/18 1935

19. UNDERTAKER J. Fenn McCully

(Address) 130 E Fort

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from August 19 1935 to Sept 15 1935

I last saw her alive on Sept 15 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Ovary | 1935 |

Other contributory causes of importance:

Myocardial Failure

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Peake M. D.

(Address) 4506 Harford Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 61935

M. D. B. 1268-9

F 16001

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16001

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 18 Ward)

Length of residence in city or town where death occurred 1 yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BERTHA ADAMS

(a) Residence: No. 13 S SCHROEDER ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | BLACK. | WIDOWED. |

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of James Adams

6. DATE OF BIRTH (month, day, year) June 10, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34. | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Albert Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Towns

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence White Cousin

(Address) 777 W Lanvale st

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Sept 18, 1935

19. UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount street

20. FILED Sept 16 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1935, to 9-13, 1935

I last saw HER alive on 9-13, 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| SUB ARACHNOID HEMORRHAGE | 8-14 |
| CEREBRAL ARTERIO SCLEROSIS | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen J. Mainwaring M. D.

(Address) University Hospital.

STATE OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

16002 ✓ F 16002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. L. Williams

(a) Residence: No. 539 Barre St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Williams

6. DATE OF BIRTH (month, day, year) Sept. 12, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ed. Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia Newton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Louise Williams
(Address) 539 Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Date Sept 17th, 1935

19. UNDERTAKER Joseph A. Lively
(Address) 421 N. Mount St.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. R. Miller M. D.
Coroner

(Address) 273 E. Baltimore St.

On back of certificate...

16003

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23 F 16003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Howard Boyd

(a) Residence: No. 2105 Vine st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle Boyd

6. DATE OF BIRTH (month, day, year) July 26, ~~1889~~ 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ~~45~~ 46 | 1 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Samuel Boyd

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Wickam

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sept. 17, 1935
Place Laurel Cemetery

19. UNDERTAKER F. P. Kiefaber & Son
(Address) 1300 Eutaw Place.

20. FILED 19 Registrar.

SEP 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to Sept. 14, 1935

I last saw him alive on Sept. 14, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1930 |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation What test confirmed diagnosis? Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlin M. D.
(Address) Baltimore City Hospitals

(Instructions on back of certificate.)

M. D. P. 1268-9

16004 HEALTH DEPARTMENT—CITY OF BALTIMORE 16004

# CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 Font Hill Ave. St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. IDA MAY HAIGIS

(a) Residence: No. 345 Font Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) Otto William Haigis

6. DATE OF BIRTH (month, day, year) April 5, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 5 | 10. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME John Dibb

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Sarah E. Sutton

16. BIRTHPLACE (city or town) (State or country) Kent County Maryland

17. INFORMANT Mr. Otto William Haigis
(Address) 345 Font Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 17-35

19. UNDERTAKER C. B. Dickerson Co
(Address) 1300 EUTAW PLACE

SEP 17 1935

20. FILED Huntington Hillsmere MD
(REGISTRAR)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935 to Sept 15, 1935

I last saw h[illegible] alive on Sept 14, 1935 Death is said to have occurred on the date stated above, at 12.15 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 21 days |
| Hypertension with Arteriosclerosis | Indefinite |

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Haigis M. D.

(Address) 3321 Font Hill Ave

DUPLICATE—Fill out in duplicate. See instructions on back of certificate.

16005

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16005

## CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 Aisquith St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Rowland

If U. S. Veteran specify WAR

(a) Residence: No. 814 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Holden Rowland

6. DATE OF BIRTH (month, day, year) 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Procterville Md

FATHER

13. NAME Virgil Atkinson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Agnora Horn

(Address) 814 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery cem. Date 9-17- 1935

19. UNDERTAKER Byron & Jamie W. Wright

(Address) 1711 McElderry St.

20. FILED 19

Registrar

SEP 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1935, to 9/15 1935

I last saw h.. alive on 9/15 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Endocarditis | |
| Acute Rheumatic fever & Arthritis | |

Other contributory causes of importance: Pyorrhea Alveolaris

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jas V. Blake M. D.

(Address) 924 Aisquith St. Balto., Md.

M. D. B. 1268-9

F 16006

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16006

## CERTIFICATE OF DEATH

✓ 124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospt. St., 16 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Barnes

(a) Residence: No. 1633 Laurens St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

FATHER

13. NAME George Barnes
14. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

MOTHER

15. MAIDEN NAME Elizabeth Andrews
16. BIRTHPLACE (city or town) (State or country) St. Marys County Maryland

17. INFORMANT Patient
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Auburn Cemetery Date Sept 17. 1935

19. UNDERTAKER Thos E. Kelson
(Address) 1303 Pressman St

20. FILED SEP 17 1935, 19..... Registrar. Huntington Primaeus

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 26. 1935. to September 14. 1935.
I last saw him alive on Sept. 13. 1935. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 9/11/35 |
| Asphyxia Pneumonia Due to | 9/14/35 |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cirrhosis of Liver | acute |
| | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Albert L. Lasseter M. D.
(Address) 1116 Myrtle Avenue

OVER

(Please write on back of certificate.)

V S 3

F 16007

F 16007

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... X

2. FULL NAME George Moore

(a) Residence: No. 1625 Presbury st. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 25 | 9 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 00 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jim Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Winnie Miller

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/16 19 35

19. UNDERTAKER Thomas E. Carlson

(Address) 1303 P[illegible] Huntington Philada, Pa

20. FILED ..... 19 ..... Registrar.

SEP 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1935 to Sept. 13, 1935

I last saw h[im] alive on Sept. 13, 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Oct. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospitals

F 16008

F 16008 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles L Bell

(a) Residence: No. 3122 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bell

6. DATE OF BIRTH (month, day, year) July 31 - 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 yrs | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of Sh

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hydia Wooley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records

(Address) 3122 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Sept 17, 1935

19. UNDERTAKER Towell & Byrne, Inc

(Address) 1824 Edmondson Ave

20. FILED SEP 17 1935, 19 Huntington Howard, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/12/35, 19, to 9/13/35, 19

I last saw him alive on 9/13/35, 19 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiovascular Renal disease | |
| Mitral Stenosis | |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W. Dagnaley M. D.

(Address) Maryland General Hosp

M. D. B 1268-9

F 16009

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16009

## CERTIFICATE OF DEATH

✓ X 210-M

1. PLACE OF DEATH Emmanuel Hospital

CITY OF BALTIMORE: (No. ..... St., 4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... D C

2. FULL NAME Lenyl Garrett

(a) Residence: No. Relay, Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Relay Md

FATHER

13. NAME Allen Garrett

14. BIRTHPLACE (city or town) (State or country) Relay Md

MOTHER

15. MAIDEN NAME Rachael Bacon

16. BIRTHPLACE (city or town) (State or country) Relay Md

17. INFORMANT Mrs Helen Garrett

(Address) Relay Md

18. BURIAL, CREMATION, OR REMOVAL

Place Odd Fellows Home Co Md Date Sept 17, 1935

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St. Huntington Mills, Md

No. 17995 ....., 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13 – , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Embolism | 9/3/35 |
| | |
| | |
| | |
| Other contributory causes of importance Sore Rt. Tibia fibia | 8/18/35 |

Was an operation performed? Yes Date of 8/18/35

For what disease or injury? Fire leg

Name of operation Bone Date of 8/18/35

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8/18, 1935

Where did injury occur? Wash Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Washington Blvd

Manner of injury Struck by auto while walking Wash Blvd

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

Attended Deceased from Aug 18 to Sept 13, 1935

Signed Walter Block (Auto) M. D.

Coroner

(Address) 6 Fifth Ave Relay Md

F 16010

F 16010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Cook

If U. S. Veteran specify WAR

(a) Residence: No. 564 Orchard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Col - | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Cook.

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 47 | 6 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Bailey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Liza Mills

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 16, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St.

20. FILED SEP 17 1935, 19... Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-31-, 1935, to 9-13, 1935

I last saw her alive on 9-13, 1935. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix. | ? |
| Other contributory causes of importance: Senility | — |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospitals

M. D. B 1268-9

16011

F 16011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

166

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Battery Ave. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Denie Sohl.

(a) Residence: No. 104 Warren Ave. St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ; ----------

6. DATE OF BIRTH (month, day, year) September 21, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 60 | 11 | 24 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None also

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Sohl.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Katherine Sistler.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frank H. Hubbard. (brotherinlaw)

(Address) 104 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Sept 17, 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED SEP 17 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by drowning. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto E. Reinhardt, M. D. Coroner

9/16/35 (Address) 1017 E. Charles St.

F 16012

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16012

## CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 S. Regester St. St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth 43 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Casimir Cieslewicz

(a) Residence: No. 519 S. Regester St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of ~~her~~ Agnes Cieslewicz

6. DATE OF BIRTH (month, day, year) Feb. 22, 1861.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 6 | 15 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Labor (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME — Cieslewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Miss Helen Cieslewicz

(Address) 519 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sept. 19, 1935

19. UNDERTAKER M. F. Sudmalski & Son

(Address) 1814 Eastern Ave.

Huntington Williams

20. FILED SEP 17 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935 to Sept. 15, 1935

I last saw him alive on Sept 15, 1935 Death is said to have occurred on the date stated above, at 1150 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Sept 11 |
| | |
| | |

Other contributory causes of importance: Senile Cystitis

Was an operation performed? yes Date of several years ago

For what disease or injury? Prostatectomy

Name of operation. Prostatectomy Date of P.S. 9-34

What test confirmed diagnosis? P.S. 9-34 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

Signed John J. Kaegi, M. D.

Address 512 Eastern Ave

M. D. B. 1268-9

F 16013

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16013

## CERTIFICATE OF DEATH

✓✗ 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Women's Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Brodbeck

(a) Residence: No. Baltimore County St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Sept 16 - 1935

7. AGE: Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George R. Brodbeck

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Helen Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ..... (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Sept 17 1935

19. UNDERTAKER J. B. Hilbert & Son (Address) Huntington, W. Va.

20. FILED Sept 17 1935, 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from On September 16 - 1935

I last saw h[illegible] alive on Sept 16, 1935 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Prematurity - 7½ lunar months - | Date of onset

Other contributory causes of importance:

Congenital Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John S. Murray M. D.

(Address) 9 East Chase St

M. D. B. 1269-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16014 ✓ 165 F 16014

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Lord Baltimore Hotel.

CITY OF BALTIMORE: (No. 4 St., Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME JAMES C. YOUNG.

(a) Residence: No. Eastport Md. St., Ward. WAR. VETERAN.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June. 29. 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Armey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York (State or country)

FATHER

13. NAME Charles H. Young

14. BIRTHPLACE (city or town) New York (State or country)

MOTHER

15. MAIDEN NAME Jane Taglor.

16. BIRTHPLACE (city or town) New York (State or country)

17. INFORMANT Mrs. R.C. Kellogg

(Address) 1258 Haddaway Ave. Sparrows

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Cem. Date Sept. 18 1935

19. UNDERTAKER Roberts Brooks & Son

(Address) Calhoun & Hollins Streets.

SEP 17 1935

20. FILED ..... 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9. 14. 35 , 19

22. I HEREBY CERTIFY, That I attended deceased fr... , 19.., to ..... 19....

I last saw h... alive on ....., 19..... Death is sai...

to have occurred on the date stated above, at 10:7 A m.

The principal cause of death and related causes of importance were as follows:

Strangulation

Date of onset 9/14/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/14 19 35

Where did injury occur? L. Balto Hotel Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Pt

Manner of injury Hung Himself by Belt

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) Orin B. Wallace M.
Coroner

(Address) 103 St Paul St.

Exact statement of facts required. See instructions on back of certificate.

M. D. B 1268-9

16015

F 16015

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Chapel St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Emma May Simmons

(a) Residence: No. 1321 N. Chapel St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) November 22 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 0 | 9 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Simmons

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mirdet Greene

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Margaret Simmons

(Address) 1321 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetry Date Sept 18. 1935

19. UNDERTAKER Edw Bryan

(Address) 1617 Orleans St.

20. FILED Sept 17 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) September 15. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | |

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenley M. D. Coroner

(Address) 1414 C. North Ave

M. D. B 1268-9

F 16016

16016

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-C-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. Frederick St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David J. Moore

(a) Residence: No. 35 Frederick St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient Hobo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Transient Bureau (Address) August & Balto Sts

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn, Md. Date Sept. 17 1935

19. UNDERTAKER [illegible] (Address)

20. FILED Sept 17 1935 Registrar.

1715

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lues-Tertiary | |
| Sclerosis of Aorta | 17 |

Other contributory causes of importance:

Fibroid T.B.C.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elmer B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

M. D. B 1268-9

F16017

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. F16017

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bolt City Hospital St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lloyd Nadder — If U. S. Veteran specify WAR .....

(a) Residence: No. 716 N. Howard St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clio Crongton

6. DATE OF BIRTH (month, day, year) June 20 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 2 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dental mechanic 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Art Dental Laboratory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Nadder

14. BIRTHPLACE (city or town) (State or country) Mendo Mich.

MOTHER

15. MAIDEN NAME Margaret Hogan

16. BIRTHPLACE (city or town) (State or country) County Cato. Ireland

17. INFORMANT (Address) Mrs. Margaret Pyles 312 N. Pace St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Cathedral Date 9/18/1935

19. UNDERTAKER (Address) John J. Fowler & Son 901 Hollins St

20. FILED 9-19-1935 Huntington Wilkins, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importanre were as follows: — Date of onset

Fractured skull

Other contributory causes of importanre:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury Sept 14 1935

Where did injury occur? 716 N. Howard St. Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place rear yard of his home.

Manner of injury Fall (while intoxicated - alcohol)

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Waugh M. D.
Coroner

(Address) 1010 S. Edmond Ave

16018 E 16018

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Dobrowski (Dobroston)

(a) Residence: No. 2310 E. Chase St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Dobrowski

6. DATE OF BIRTH (month, day, year) 5/14/68.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67. | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Wm. Dobrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Son in law, Stanislaus

(Address) 20 Carnegie Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 18, 1935

19. UNDERTAKER Frank Leach & Son

(Address) 1700 E. Lanvale

20. FILED SEP 17 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1935 to 9/16, 1935

I last saw him alive on 9/16, 1935 Death is said to have occurred on the date stated above, at 1 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Myocardial insufficiency | 3 mo |
| 2 Arteriosclerosis | ? |
| 3 Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reate, M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 16019

16019

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Frank

(a) Residence: No. 2107 Cliftwood Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Elizabeth M. Frank.

6. DATE OF BIRTH (month, day, year) December 13, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Utility Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Brewery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Elizabeth M. Frank

(Address) 2107 Cliftwood Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Cliftwood Cem. Date SEP 20 1935

19. UNDERTAKER Geo W. Settle

(Address) 3700 EDMONDSON AVE.

20. FILED SEP 17 1935, 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenby, M. D. Coroner

(Address) 1919 E. North Ave.

Give instructions on back of certificate.

M. D. B 1268-9

E 16020

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16020

## CERTIFICATE OF DEATH

X 186-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME Wm. B. Bealle

(a) Residence: No. Relay Md. St., .....Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Georgett Bealle

6. DATE OF BIRTH (month, day, year) Oct. 10, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 71 | 72 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Harrison F. Bealle

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie Morris

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Chas. R. Bealle

(Address) 4715 15th St. N.W. Washington D.C.

17. BURIAL, CREMATION, OR REMOVAL

Place Londen Park Date Sept 18, 1935

18. UNDERTAKER Josiah Pyfer

(Address) 1606 E. Baltimore St.

19. FILED SEP 17 1935, 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of L. Elbow | |
| Fractur L. Femur | |
| Broncho Pneumonia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Sept. 11, 1935

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Relay Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell from Scaffolding

Manner of injury Repairing Building at Relay Md.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Culver M. D.
Coroner

(Address) 2757 W. North Ave.

✓ F 16021

30 3898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16021

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7 St., ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oscar Vaughn

(a) Residence: No. Belair Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Registered No. ..... x 124-a

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Vaughn

6. DATE OF BIRTH (month, day, year) 6/17/86

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 3 | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

OTHER

13. NAME Columbus Vaughn

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia Hatchett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 20 1935

19. UNDERTAKER Thurlington & Goss
(Address) Baltimore, Md.

20. FILED 7 1935 Thurlington Williams & Goss

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Sept 17, 1935

I last saw him alive on Sept 17, 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of liver - alcoholic | 1932 |
| Hemorrhage from rupture of esophageal Varix | 9/13/35 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. R. Grossman, M. D.

(Address) The Johns Hopkins Hospital

16022 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16022

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Alto Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose T. Simon

(a) Residence: No. 3409 Alto Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron J. Simon

6. DATE OF BIRTH (month, day, year) Sept. 4, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 57 | 0 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

OTHER

13. NAME Alexander Rosner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Causey

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Aaron J. Simon

(Address) 3409 Alto Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Sept. 1935

19. UNDERTAKER David Sandheim & Son

(Address) 903 Eutaw Place

20. FILED Sept 17 1935 Chas. Hillman Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935 to Sept 16, 1935

I last saw her alive on Sept 16, 1935 Death is said to have occurred on the date stated above, at 4:05 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular disease | 6 yrs. |
| Hypertension | 6 yrs. |
| Angina Pectoris | 4 mo. |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 9 hr. |
| Cardiac Insufficiency | 4 hr. |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. W. Dorsey, M. D.

(Address) 806 N. Fulton Ave.

F 16023

16023 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lawrence Hospital St., 2nd Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. Beck

If U. S. Veteran specify WAR No.

(a) Residence: No. 2047 E. Banks St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Beck

6. DATE OF BIRTH (month, day, year) April 21-1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 6 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Casualty Co

10. Date deceased last worked at this occupation (month and year) 6 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coopers Co. Pa.

FATHER

13. NAME Frederick Beck

14. BIRTHPLACE (city or town) (State or country) Coopersville Pa.

MOTHER

15. MAIDEN NAME Emilie Z.

16. BIRTHPLACE (city or town) (State or country) Coopersville Pa.

17. INFORMANT Geo. Crane

(Address) 2047 E. Banks

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 20 1935

19. UNDERTAKER Lilly Zeiler Inc

(Address) 403 S. Broadway

20. FILED SEP 17 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1935 to 9-16, 1935

I last saw h. alive on 9-16, 1935 Death is said to have occurred on the date stated above, at 1 10 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia Bilateral | 9-11-35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. L. Howard M. D.

(Address) Lawrence Hospital

16024 F 16024

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME John L Stewart

(a) Residence: No. 2721 Lovise Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stewart

6. DATE OF BIRTH (month, day, year) Sept 3rd 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, 21 hrs. or min. |
|---|---|---|---|---|
| | 48 | | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Stewart

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Ellen Enright

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife - Anna Stewart

(Address) 2721 Lovise Ave, Baltimore

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 9/19, 1935

19. UNDERTAKER Leonard J Keogh

(Address) 2305 Huntington Ave Baltimore, Md

20. FILED 9/17/1935 [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935, to Sept 16, 1935

I last saw him alive on Sept 16, 1935. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 9-6-35 |
| Broncho pneumonia | 9-14-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Neuro. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Harry Cannon, M. D.

(Address) Mercy Hosp

16025 F 16025

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals.
CITY OF BALTIMORE: (No. (Jr. Division) St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Rystina

(a) Residence: No. 404 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | 9 | 21 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — Ofd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME James Rystina

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Hudecek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 16 1935

19. UNDERTAKER John C. Miller
(Address) 2437 E. Pratt St

20. FILED 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to Sept. 15, 1935.
I last saw h. alive on Sept. 15, 1935. Death is said to have occurred on the date stated above, at 1:20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Arthur Karlain M. D.
(Address) Balto. City Hospitals

M. D. B. 1268-9

F 16026

16026

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bolts City Hospital St., ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Pritchett
If U. S. Veteran specify WAR .....

(a) Residence: No. 2406 Wilkins Av. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emmett Pritchett

6. DATE OF BIRTH (month, day, year) March 1879

7. AGE — Years 56 | Months 5 | Days — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown Kentucky

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Prentice Hill
(Address) 2406 Wilkins Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 18 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St.

20. FILED ..... 19 ..... Registrar .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus. | 1934 |
| Other contributory causes of importance: Diabetic Coma | Sept 13 1935 |

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If So, Specify .....

(Signed) W. M. Knight Coroner M. D.
(Address) 1005 S. Belnord Ave.

M. D. B. 1268-9

F 16027

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16027

## CERTIFICATE OF DEATH

172-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Baltimore Gen. Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Conrad Schroeter no wife

(a) Residence: No. 2323 E. Monument St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva M. Schroeter

6. DATE OF BIRTH (month, day, year) June 25 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 2 | 22 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6044

10. Date deceased last worked at this occupation (month and year) Sept 14/35

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank B. Schroeter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susanna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eva M. Schroeter

(Address) 2323 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Sept 20. 1935

19. UNDERTAKER Wm. Mus. John M. Tevis & Son

(Address) 31 W. Lanvale St

20. FILED 17 1935 Huntington Phillips Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935, to Sept. 17, 1935. I last saw h.. alive on Sept. 17, 1935. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset 9-16-35

Other contributory causes of importance:

Name of operation Hernia Surg. Date of 9-16-35

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Travis N. Taylor, M. D.

(Address) SBGH.

OCCUPATION is very important

V. S. 3

M. D. B. 1268-9

F 16028

6028

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt-Hope Retreat St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Jr. Carroll

(a) Residence: No. 702 Beaumont Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 7-1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Coal~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mount Hope Retreat

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Md. Date Sept 20, 1935

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1920 Eutaw Place

20. FILED Sept 17 1935 Hampton Williams M.D. Registrar.

OCCUPATIONS IS VERY IMPORT

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935 to Sept 17, 1935

I last saw h[illegible] alive on Sept 17, 1935. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic uraemia | ? |
| Hypostatic pneumonia. | 1 day |
| Pediculosis | 1 day |
| | |
| Other contributory causes of importance: | |
| Scar tissue over pt eye complete | ? |
| Left eye cataract | ? |
| Arteriosclerosis; hypertrophy prostate | ? yr |

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Duncan P. Alexander M. D.

(Address) 336 Fredrick Ave

Spec.—1-10-21—M&T—1500 Bks.

16029

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16029

93-C

## CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 406 W Hoffman ST., 11 WARD)

2-FULL NAME Maria Anderson

(a) RESIDENCE NO. 406 W Hoffman ST., ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11/2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colored | Widow |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amos Anderson

6 DATE OF BIRTH (month, day, and year) June 6 1868

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 67 | | 3 | 12 | 11 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 0010

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs Chas Dorsey

9 BIRTHPLACE (city or town) (State or country) Balto County

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Maria Underwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Maria Williams

(Address) [illegible] Md

15 Filed SEP 13 1935, 19 ..... Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/35 19

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 19 ..... to died 9/12, 19 35,

that I last saw h[illegible] alive on 9/8/35, 19 .....,

and that death occurred, on the date stated above, at [illegible] a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Myocardial failure

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Charles D Dorsey, M. D.

, 19 (Address) 5 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon, Md.

DATE OF BURIAL 9/18/35 19

UNDERTAKER Mrs Geo. N. Holland

ADDRESS 1281 Druid Hill Ave

CAUSE OF DEATH to be plainly written. TION is very important. See instructions on back of certificates.

16030 HEALTH DEPARTMENT—CITY OF BALTIMORE 16030

# CERTIFICATE OF DEATH

46-a

Registered No. 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Perlman

(a) Residence: No. 1239 E. Lexington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rachel Perlman

(Address) 1239 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Rd Date Sept 18 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED SEP 19 1935 E. Lexington Highway, Baltimore, Md.

OCCUPATION IS VERY IMPOR

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1935, to 9/17, 1935

I last saw him alive on 9/17, 19 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 9/17 |
| Carcinoma Oesophagus | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul E Carlings M. D.

(Address) Sinai Hospital

Gadson

F 16031 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16031

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals. (Eb. Division) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Gadson

(a) Residence: No. 1924 E. Eager St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec. 10, 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Chas. W. Gadson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Tysa Mayfield

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records.
(Address)

18. [illegible] INFORMATION OR REMOVAL Date 9-18/35 19

19. UNDERTAKER [illegible] Funeral Home
(Address) 514 N. Calhoun St.

20. FILED SEP 18 1935 19 ..... Registrar.

OCCUPATION is very impor

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to Sept. 14, 1935

I last saw him alive on Sept. 14, 1935 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6-735. |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hospitals

Spec.—1-12-23—M&T—500 Blks.

16032

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16032

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Ridgley. ST., 21 WARD)

REGISTERED NO. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Wolfe.

(a) RESIDENCE NO. 1122 Ridgley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter J. Wolfe.

6 DATE OF BIRTH (month, day, and year): Nov. 26/1866

7 AGE — Years: 69 — Months: 5 — Days: 19 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: George Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rachel Hollyday

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Blanche Miller 1122 Ridgley St

15 Filed SEP 18 1935 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13 1935

17 I HEREBY CERTIFY, That I attended deceased from June, 1934, to Sept 13, 1935, that I last saw her alive on Sept 14, 1935, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus Bladder and Intestines

(duration) 1 yrs. 4 mos — ds.

CONTRIBUTORY (Secondary) Nephritis and Valvular Heart Disease (duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hemmorhage

Signed Raymond V Glenn, M. D.

(Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 18" 1935

20 UNDERTAKER: Geo B Cook

ADDRESS: 1003 W Baltimore St

TION is very important See inst

M. D. B 1268-9

Golczewski

# 16033 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16033

## CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Washington St., 2 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 3 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Golczewski

(a) Residence: No. 414 N. Washington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced (or) WIFE of John Golczewski

6. DATE OF BIRTH (month, day, year) 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanislaw Zajac

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Bank

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Golczewski
(Address) 414 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 20. 1935

19. UNDERTAKER J. W. Czaczewski
(Address) 1930 Eastern Ave

20. FILED SEP 19 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide - due to temporary insanity | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury? Sept 17. 1935

Where did injury occur? 414 N. Washington St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Carbon Monoxide Gas poisoning

Nature of injury Gas poisoning

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1911 E. North Ave.

State CAUSE OF DEATH in such terms that a person not a physician may understand it. The OCCUPATION is very important. See instructions on back of this certificate.

16034 HEALTH DEPARTMENT—CITY OF BALTIMORE 16034

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Paberianis Butlivus~~ (Fabian Butwila) If U. S. Veteran specify WAR

(a) Residence: No. 525 Washington Blvd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Anthony Butwila

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 19 1935

19. UNDERTAKER John Gretkiewicz
(Address) 1123 S. Paca St.

20. FILED SEP 18 1935 Huntington Ave.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935 to Sept. 17, 1935

I last saw him alive on Sept. 17, 1935 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Unknown |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.
(Address) Baltimore City Hospitals

V S 3

OCCUPATION is very important. See that it is filled out correctly.

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16035 16035

## CERTIFICATE OF DEATH

Registered No. 8K-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J McKenna

(a) Residence: No. 411 6th St. S.W. St., Ward. Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 5-1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Gerard McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ann Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Sept 18 1935

19. UNDERTAKER Wm J. Tucker & Sons

(Address) North & Pennsylvania Ave

(Signature of Undertaker or Licensed Agent) Registrar.

FILED SEP 18 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to Sept 17 1935

I last saw him alive on Sept 17 1935 Death is said to have occurred on the date stated above, at 6 40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left Cerebral Thrombus | 9/17/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | ) |
| Senile Dementia | ) |
| Dry Gangrene of Rt foot | 9/17/35 |

Name of operation Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Ramon P. Glagia M. D.

(Address) 3326 Frederick Av.

16036

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16036

## CERTIFICATE OF DEATH

N 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 W. North Ave. St., (or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Melvin Graves

If U. S. Veteran specify WAR

(a) Residence: No. 2930 W. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian A. Graves

6. DATE OF BIRTH (month, day, year): Jan. 26, 1869

7. AGE: Years 66 | Months 7 | Days 21/20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carriage & Body Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

FATHER

13. NAME: Edward Graves.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Caroline E. Spedden

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Lillian A. Graves

(Address) 2930 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL: Cambridge-Md Date Sept 19 1935

19. UNDERTAKER: Chas. McGuigan Sons

(Address) North & Fulton Ave.

FILED SEP 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934, to Sept 16, 1935

I last saw him alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Trahus, M. D.

(Address) 1823 N. Wash. Av.

M. D. B 1265-9

16037

# HEALTH DEPARTMENT—CITY OF BALTIMORE

B 16037

## CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Sc. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie West

If U. S. Veteran specify WAR

(a) Residence: No. 708 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | S |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hugh Allen

(Address) 301 S Dulaney st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Sept 16 19 35

19. UNDERTAKER John F. Curtis

(Address) 1150 Edmondson Ave Huntington Manor, Md

20. FILED SEP 16 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest & autopsy (Inquest, Autopsy or Inquiry) that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage due to Stab wound of Chest | Sept 12 |
| Other contributory causes of importance: | Unk |

Was an operation performed? None Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury Sept 12 1935

Where did injury occur? 67 Rose Alley Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stab into chest

Nature of injury Knife used to Stab chest

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Allen M. D.

(Address) 810 Lexington St Coroner

16038 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16038

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St. 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Redmond
If U. S. Veteran specify WAR

(a) Residence: No. 907 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Redmond

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Washington
14. BIRTHPLACE (city or town) (State or country) Elizabeth ? Va

MOTHER

15. MAIDEN NAME Elizabeth ?
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roosevelt Washington (in Bon)
(Address) 907 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn cem. Date Sep. 18, 1935

19. UNDERTAKER Miss Katie R. Williams
(Address) 322 N. Schroeder St.

FILED SEP 18 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-13- 1935 to 9-16- 1935

I last saw her alive on 9-15- 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| Other contributory causes of importance: Hypertension | |

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Cabin B. Selonyte M. D.
(Address) Provident Hosp

M. D. B 1265-9

F 16039

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16039

## CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. 70 St., 186a Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leroy Davis Horne If U. S. Veteran specify WAR .....

(a) Residence: No. 2109 Mulberry St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of Laura V. Horne (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb 14 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heating & Ventilating Co.

10. Date deceased last worked at this occupation (month and year) 9/14/35

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Cuthbert Ga.

MOTHER FATHER

13. NAME William S. Horne

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Mary Katchen

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mrs. Maud Reynolds Sister (Address) Mrs. Laura V. Horne 2109 E. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date Feb. 19, 1936 London Park

19. UNDERTAKER Towell & Byrnes, Inc. (Address) 1214 Edmondson Ave. Huntington Pittsville

26. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10-48, Pms,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock, Fracture of Pelvis + Right arm and ruptured bladder, | 9/16/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury 9/16/, 1935

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Industry Crane Rod #106, McPhail Co.

Manner of injury Slipped & fell from roof

Nature of injury Fractured Pelvis Right arm, Ruptured Bladder

24. Was disease or injury in any way related to occupation of deceased? .....

No, If so, specify .....

(Signed) O. Kerr, Coroner, M. D.

(Address) 1215 Hanover

F 16040

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16040

## CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alvina Welch

(a) Residence: No. 1002 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Welch

6. DATE OF BIRTH (month, day, year) ? — 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Maryland

FATHER

13. NAME — Dieut

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Hospital Record James E. Welch 1414 Melbourne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 9/18 1935

19. UNDERTAKER (Address) Thomas E. Kelly 1303 Presstman St

SEP 18 1935

19 Registrar.

Easton Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-11 1933 to 9-15 1935

I last saw her alive on 9-15 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction. | 9-10-35 |
| Carcinoma of liver | ? |

Other contributory causes of importance:

Essential hypertension.
Chronic Myocarditis

Was an operation performed? yes Date of 9-12-35

For what disease or injury? Intestinal obstruction.

Name of operation Abdominal Exploration Date of 9-12-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. Martin M. D.

(Address) Balto. City Hosp.

Spec.—7-17-26—A Co.—200 Bks.

F 16041

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16041

## CERTIFICATE OF DEATH

59

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Jones Somerville.

(a) RESIDENCE NO. 3814 Tudor Arms Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret A. deThrow

6 DATE OF BIRTH (month, day, and year): July 6 1862

7 AGE: Years 72 Months 2 Days 11 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

9 BIRTHPLACE (city or town): Baxter

(State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Somerville

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Scotland

12 MAIDEN NAME OF MOTHER: Agnes Russell.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Scotland

14 Informant (Address): Wm J. Somerville 3814 Tudor Arms Ave

15 Filed SEP 18 1935 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

September 17, 1935.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935, to Sept. 17, 1935,

that I last saw him alive on Sept. 17, 1935,

and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

[redacted], Diabetes?

Benign Prostatic Hypertrophy.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted ?

if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) [illegible], M. D.

. 19 (Address) 215 West Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frostburg Md. Date of Burial Sept. 19 1935

20 UNDERTAKER: Chas. P. Waters & Son ADDRESS 1180 Mt Royal Ave

OF DEATH. See instructions on back of certificate. very important.

GKG.

F 16042

16042 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Cross~~ Provident Hospital St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Brown

(a) Residence: No. 506 Oxford St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | . | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Johnson.

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eva White
(Address) 506 Oxford St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9/18 19 35

19. UNDERTAKER Chas Alexander
(Address) 910 Dartmouth Ave

20. FILED 9/18 1935 Huntington Williams M D

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-27- 1935, to 9-11-35 19.....

I last saw h[illegible] alive on 9-15- 1935. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | |
| Chronic Passive Congestion | |
| C.P.C. | |
| Other contributory causes of importance: H T P of Heart Lungs, & Liver | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Calvin B. Le Compte M. D.

(Address) Provident Hosp.

M. D. B 1268-9

16043

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16043

## CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 St. Paul St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 22 ds. How long in U. S. If of foreign birth? 79 yrs. mos. ds. 79-0-22

2. FULL NAME Annie Filmore Barclay

(a) Residence: No. 4102 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marcus T. Barclay

6. DATE OF BIRTH (month, day, year): Aug. 27 1856

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 79 | 0 | 22 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER FATHER

13. NAME: Wm. White

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: could not ascertain

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Wm. A Fleming (Sister-Law)
(Address) 4107 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 20 1935

19. UNDERTAKER: Edward Mosmiller
(Address) 108 W Monroe. Huntington Indiana

20. FILED SEP 10 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935, to Sept 18, 1935

I last saw her alive on Sept 15, 1935. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Pyelo Nephritis - Chronic | 1/1/35 |
| Right Pyelo Nephritis - acute | 9/6/35 |
| Other contributory causes of importance: Pyelo Nephritis | 9/10/35 |
| acute Uraemia | 9/12/35 |

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Raymond Peters, M. D.

(Address) 1908 W Lexington St.

M. D. P. 1268-9

16044

F 16044

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+159

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hospital Ward)

Length of residence in city or town where death occurred mo. 5 mos. ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby boy Douglas

(a) Residence: No. Willoughby Road Parkville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 4. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 17 1935

| AGE | Years | Months | Days | If LESS than 1 day, 5 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herbert Douglas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna M. Flaherty

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT W. Ford C-Ne

(Address) West Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Sept 18, 1935

19. UNDERTAKER

(Address)

20. FILED Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1935 to 9/17, 1935

I last saw h— alive on 9/17, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 1935 |

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) S A. Alessi M. D.

(Address) 6217 Harford Rd

M. D. B. 1268-9

F 16045

6045

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 N Exeter St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Washington

(a) Residence: No. 247 N. Exeter St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 21 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Eddie Washington

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Easter Washington

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Elijah Washington

(Address) 1132 Hillen St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Sept 20, 1935

19. UNDERTAKER Robt E. Williams

(Address) 1515 Eldersley St

20. FILED SEP 18 1935 Registrar.

OCCUPATION IS ONLY REQUIRED FOR PERSONS 10 YEARS OLD AND OVER

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1935, to Sept 16, 1935.

I last saw him alive on Sept 16, 1935. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1933 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) J. M. Miller M. D.

(Address) 1613 E Baltimore St

F 16046

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16046

34-23

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Smith

(a) Residence: No. 1814 Orleans St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | negro | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 7-11-1920

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 15 | 2 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Archie Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Edwards

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Marlyn Park Date Sept 19, 1935

19. UNDERTAKER Robert Williams

(Address) 1515 McElderry St

20. FILED 18 1935 Huntington Ave

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1935, to 9-15, 1935

I last saw her alive on 9-15, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tonsilar Leukemia | |
| Apical tuberculosis | |
| Dyspnea | week |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joanne Sterling M. D.

(Address) Baltimore City Hospitals

F 16047

F 16047

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34 9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Garrett.

(a) Residence: No. 1610-12 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia.

6. DATE OF BIRTH (month, day, year) Mar 15th 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 6 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife

(Address) 422 Huddleston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept 24 1935

19. UNDERTAKER Wm Bond Elliott

(Address) 1129 Cardinal

19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/14 . 1935 to 9/17 . 1935

I last saw him alive on 9/17 . 1935 Death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Syphilitic meningitis | 6 days. |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz . M. D.

(Address) Balto City Hosp.

F 16048

# HEALTH DEPARTMENT—CITY OF BALTIMORE

303177

F 16048

## CERTIFICATE OF DEATH

X 47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hunton McLeod If U. S. Veteran specify WAR

(a) Residence: No. Brevard N.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 12/30/83

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 8 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME A. D. McLeod

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Sally McMillan

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Brevard N.C. Date Sept 18 1935

19. UNDERTAKER John C. Mitchell & Son
(Address) 1201 Eutaw Place

20. FILED 18 1935 19 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1935, to Sept-18, 1935

I last saw him alive on Sept-16, 1935 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebrovascular hemiplegia ? | |
| | |
| | |
| | |

Other contributory causes of importance:

Total Pneumonectomy R.T.

Was an operation performed? yes Date of 8/29/35

For what disease or injury? Carcinoma

Name of operation Pneumonectomy Date of 8/29/35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hosp

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16049

16049

## CERTIFICATE OF DEATH

+131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Elwood Denbow

(a) RESIDENCE NO. Benson, Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 47 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 0015

(c) Name of employer

9 BIRTHPLACE (city or town) Benson Md

(State or country)

PARENTS

10 NAME OF FATHER John Robert Denbow

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Harford Co.

12 MAIDEN NAME OF MOTHER Emma Roger

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Harford Co.

14 Informant Ada Pagenhardt

(Address) Union Memorial Hosp.

15 Filed [illegible] 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1935

September 18th, 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1935 to September 18th, 1935

that I last saw h. alive on September 18th, 1935

and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive heart disease with myocardial insufficiency and chronic vascular nephritis

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jas. P. Hamburger Jr., M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Chapel Md — Date of Burial 9-19-1935

20 UNDERTAKER Dean & Foster pro — ADDRESS Belair Md

very important.

M. D. B. 1268-9

F 16050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16050

**CERTIFICATE OF DEATH** x V 186-a

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME James O. Hudson

(a) Residence: No. 3433 - I4St. N.W. Washington D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna C. Hudson

6. DATE OF BIRTH (month, day and year) Not Known aug 13 - 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| about 65 | | 5 | |

8. Trade, profession, or particular kind of work done, as painter, sawyer, bookkeeper, etc. Salesman 0016

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Howard G. Hudson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Not Known Love

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. James Hudson
(Address) 3433 - I4St. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Sept. 19. 1935

19. UNDERTAKER Josiah Syfer
(Address) 1600 N. Capitol Ave.

20. FILED SEP 19 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 18, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If [illegible] to [illegible] cause (violence), fill in also the following: Accident Sept. 17, 1935

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Steps New Howard Hotel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell and Fractured Skull

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 N. Monroe St

Spec.—9-30—A. & Co.—250 Bks.

16051 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16051

**CERTIFICATE OF DEATH.**

82-a

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1627 W Fayette ST. 9 (WARD) 14-2

2-FULL NAME Harry B. Watkins

(a) RESIDENCE NO. 1627 W. Fayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | Widower |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Watkins

6 DATE OF BIRTH (month, day, and year) Apr 20 1860

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 4 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chair Caner

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer School for Blind

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Mortimer Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Florence A. McKinnon
(Address) 1401 W. Fayette St.

15 Filed ..... 19 .....

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18, 1935

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Sept 18, 1935

that I last saw h[illegible] alive on Sept 17, 1935

and that death occurred, on the date stated above, at 5. A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W G Jones M. D.

9/18, 1935 (Address) 720 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Sept 20 1935

20 UNDERTAKER Owen Cook

ADDRESS 1217 Mt Royal

SEP 19 1935 [illegible]

16052 HEALTH DEPARTMENT—CITY OF BALTIMORE 16052

# CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Chesley Ave St. 15 Ward) 2175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME August Miller

(a) Residence: No. 3106 Chesley Ave. St., ...Ward.

(If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1853

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 81 | 6 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Factory 8

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 46

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Albert Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hoffman

16. BIRTHPLACE (city or town) (State or country) Erie Co

17. INFORMANT George Miller

(Address) 3106 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 9.20.35

19. UNDERTAKER Wm. C. Ford & Co

(Address) 1217 E. Fayette St

20. FILED Sept 19 1935 Armstrong Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1935, to Sept. 17, 1935.

I last saw him alive on Sept. 17, 1935. Death is said to have occurred on the date stated above, at 12:55 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1930 |
| Other contributory causes of importance: Interstitial, Chronic Interstitial Nephritis | |

Was an operation performed? ...Date of ...

For what disease or injury? ...

Name of operation ...Date of ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ...19...

Where did injury occur? ...(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave

M. D. B 1268-9

# F 16053 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16053

## CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bolt's City Hospital St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Ellen Redden
If U. S. Veteran specify WAR .....

(a) Residence: No. 301 S. Cornwall St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Thomas Redden

6. DATE OF BIRTH (month, day, year) Dec 15, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 8 9 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation x

8. BIRTHPLACE (city or town) Halifax
(State or country) Nova Scotia

MOTHER FATHER

13. NAME Nanny Campbell
14. BIRTHPLACE (city or town) England
(State or country)
15. MAIDEN NAME Jean Young
16. BIRTHPLACE (city or town) Boston
(State or country)

17. INFORMANT Ethel M. Offutt
(Address) 301 S. Cornwall St

18. BURIAL, CREMATION, OR REMOVAL 9/21 35
Place Portland Maine

19. UNDERTAKER R. W. Gregory
(Address) 620 Lexington St

20. FILED SEP 19 1935 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18 1935 1.45 P.M.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Pneumonia, | |
| (2) Chronic nephritis | |
| | |
| | |

Other contributory causes of importance: Broken left femur

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ..... 1935
Where did injury occur? 301 Cornwall St Baltimore Maryland
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place home, 301 Cornwall St
Manner of injury slipped on linoleum carpet.
Nature of injury fracture left femur.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. W. Wright M. D.
Coroner.
(Address) 1010 S. Edmondson Ave

M. D. B 1268-9

16054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16054

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

If U. S. Veteran specify WAR .....

2. FULL NAME Charles E. Green

(a) Residence: No. 750 Waesche St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 16th. 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Post office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator operator

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Edward Green

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Mary O, Kelson,

16. BIRTHPLACE (city or town) (State or country) Richmond Va,

17. INFORMANT Fannie E. Rawlings,
(Address) 750 Waesche St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dyer's Quba Date 9-19- 1935

19. UNDERTAKER Geo. H. Holland
(Address) 1131 Hull St.

20. FILED SEP 19 1935 Penelton for Pilkington, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16th 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 7.10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 9-16 35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify Thos. H. Phillips

(Signed) ..... Coroner, M. D.

(Address) 1939 Edmondson Ave.

F 16055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16055 ✓23

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Oak St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ...yrs. ...mon. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Spencer M. Nash Jr

(a) Residence: No. 2116 Oak St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 12-1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 27 | 8 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Spencer M. Nash

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah E. Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah E. Price

(Address) 2116 Oak

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 20 1935

19. UNDERTAKER Samuel N. Crouse Son

(Address) 638 N. Eutaw St

Huntington Williams, Registrar.

20. FILED 19 1935 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1934 to Sept 17 1935

I last saw him alive on Sept 17 1935 Death is said to have occurred on the date stated above, at 3.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis | Sept 1935 |
| | |
| | |
| | |

Other contributory causes of importance Pulmonary Tuberculosis June 1934

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

N.T. (Signed) L. A. Richardson M. D.

(Address) 112 W. 23rd St

M. D. B 1268-9

F 16056

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16056

## CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Joseph Cadden — If U. S. Veteran specify WAR .....

(a) Residence: No. 3043 Westerfield Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 16-35

| 7. AGE Years | Months | Days 2 | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

MOTHER, FATHER, OCCUPATION

12. BIRTHPLACE (city or town) 3043 Westerfield Ave. (State or country) Baltimore Md.

13. NAME Bernard Cadden

14. BIRTHPLACE (city or town) Balto (State or country)

15. MAIDEN NAME Helen Brandau

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Bernard Cadden
(Address) 3043 Chesterfield Ave

18. BURIAL, CREMATION OR REMOVAL Date Sept 19. 35
New Cathedral

19. UNDERTAKER J. J. Sterling Jr.
(Address) 1001 Hunterford Ave, Huntington Terrace, Md.

Filed ..... 19 ..... Registrar.

19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Shock following Operation for Congenital Hernia of Appendicitis

Date of onset 9/17/35

Other contributory causes of importance: Nephritis

Was an operation performed? Yes Date of 9/17/35

For what disease or injury? Congenital Hernia

Name of operation ..... Date of .....

What test confirmed diagnosis Suspicion Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) O. Hare M. D.

(Address) 1216 Hanover Coroner

Spec.–7-17-26—A Co.—200 Bks.

LARKIN

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16057 F 16057

## CERTIFICATE OF DEATH

REGISTERED NO. 137

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William H. Larkin

(a) RESIDENCE NO. 509 E. Joppa Rd., Towson, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Katherine Larkin

6 DATE OF BIRTH (month, day, and year) 1851

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min.. |
|---|---|---|---|---|
| | 84 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 0000

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Archibald Larkin

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Isabella Tully

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Miss Grace Larkin

(Address) 509 E. Joppa Road Towson, Md.

15 Filed SEP 19 1935 16 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 18 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Sept 18, 1935, that I last saw him alive on Sept 18, 1935, and that death occurred, on the date stated above, at 4 04 A. m.

The CAUSE OF DEATH* was as follows: Benign Hypertrophy of prostate with urinary retention and uremia.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? uric N in blood elevated.

(Signed) H. Gordon Fleming, M. D.

9-18-1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial Sept 20 1935

20 UNDERTAKER Mary M Medford — ADDRESS 501 E 22nd St

very important

16058 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16058

## CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Chase St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Edna Celeste Walzl

(a) Residence: No. 404 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Walzl

DATE OF BIRTH (month, day, year) June 22, 1875

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 2 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Barlow

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Milissa Rhoderick

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Edna Stein
(Address) 404 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Sept. 20 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave.

SEP 19 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1935, to Sept 16, 1935
I last saw h... alive on Sept 16, 1935. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | Unknown |
| Chr interstitial Nephritis | |
| | |
| | |

Other contributory causes of importance:

Uo

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Uo

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Dr Bernard Lowe, M. D.

(Address) 1216 E Caloert St

F 16059 (363 685)

F 16059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

W 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 7

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Preston

(a) Residence: No. Abington md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/28/34.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Preston

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Viola Asborn

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Date Sept 20 1935

19. UNDERTAKER Howard K Mahoney
(Address) Abingdon Md

20. FILED SEP 19 1935 [illegible] Registrar

Arlington Williams, MD

SEP 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935 to Sept 18, 1935

I last saw her alive on Sept. 18, 1935. Death is said to have occurred on the date stated above, at 6 20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | Feb. 1935? |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Louise Snyder, M. D.

(Address) Johns Hopkins Hosp.

State OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# 16060 HEALTH DEPARTMENT—CITY OF BALTIMORE 16060

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Goldie McCauley

(a) Residence: No. 1929 Mansel St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph McCauley.

6. DATE OF BIRTH (month, day, year) Mar 8-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 42 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George A Rolan

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marietta Rolan

16. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

17. INFORMANT (Address) Joseph McCauley 1929 Mansel St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Sept 21st 1935

19. UNDERTAKER (Address) Geo G Brook 1705 N Eutaw Park Ave

19 1935 Huntington Williams Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18-35 19

22. I HEREBY CERTIFY, That I attended deceased from 4-7-1935 to 9-18-35 19

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive C.V. disease | |
| Arteriosclerosis | |
| Chronic Vascular nephritis | |
| Bronchopneumonia | |

Other contributory causes of importance:

Cardiac failure
Renal Insufficiency

Name of operation. ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. D. Martin M. D.

(Address) St Agnes Hospital

State ... that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs. 3

F 16061

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16061

## CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Silberman

If U. S. Veteran specify WAR

(a) Residence: No. 2215 Whittier Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Rachael Leah Silberman

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 87 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Von Kraun

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Buscat Von Kraun

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Peter Feinstein

(Address) 1700 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place Sharon Memorial Park Date 9/19/35, 19

19. UNDERTAKER Jack Levine Inc

(Address) 1439 E. Baltimore St

FILED SEP 19 1935 19 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/35, 19 to 9/18/35, 19

I last saw h[illegible] alive on 9/18/35, 19 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio-Vascular | ? |
| Disease & Myocardosis | |
| Acute Cardiac Failure | 9/18 |
| Acute Pulmonary Oedema | 9/18 |

Other contributory causes of importance:

| | |
|---|---|
| Benign Prostatic Hypertrophy | 1 |

Was an operation performed? Yes Date of 9/17

For what disease or injury? Prostate

Name of operation Prostatectomy Date of 9/8

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earle D. Wilder M.D. M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16062

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16062

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adela Bokowska Michaels

If U. S. Veteran specify WAR

(a) Residence: No. 1632 Thames St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 46 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown (?) Austria Poland

FATHER

13. NAME Peter(?) Petrowski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

MOTHER

15. MAIDEN NAME Adela Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julia Supry

(Address) 7 Howard St Brooklyn N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cem Date Sept 15 1935

19. UNDERTAKER Wendell T. Shaw

(Address) 1300 E. Monument St.

20. FILED SEP 16 1935 Huntington Phillips Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | Sept 14 |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Arrington M. D. Coroner

(Address) 1010 S. Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16063

F.D. No. 16063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

115-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Nyborg

(a) Residence: No. 7057 Dunbar Rd. St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 5, 1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 5 | 4 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Oscar L. Nyborg

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lois E. Horstman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Oscar L. Nyborg

(Address) 7057 Dunbar Rd - Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mondawmin Date Sept. 21, 1935

19. UNDERTAKER Fisher Ellerick

(Address) 2008 Orleans St

FILED SEP 19 1935 Huntington Williams Md.

(REGISTRAR)

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophied Tonsils | |
| Foreign body in eye | |

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of Sept 15-35

For what disease or injury? Hypertrophied Tonsils

Name of operation Tonsillectomy Date of Sept 18-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schempf, M. D. Coroner

(Address) 1419 E. North Ave.

Inform undertaker AGE must be stated in YEARS, MONTHS and DAYS if under one year. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

✓ F 16064

F 16064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5302 Tippett Ave. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Turner

(a) Residence: No. 5302 Tippett Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Turner

6. DATE OF BIRTH (month, day, year) Sept. 6, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 83 | 0 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 30

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Turner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sussan Batchelor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John F. Turner Jr.
(Address) 305 Hopkins Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Sept. 20, 1935

19. UNDERTAKER [illegible]
(Address) 2018 Orleans St

19 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935 to Sept 17 1935

I last saw him alive on Sept 17 1935 Death is said to have occurred on the date stated above, at one am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| Duration 1 year | |

Other contributory causes of Importance:

| | |
|---|---|
| Pulmonary asthma | |
| Duration 5 year | |

Name of operation none Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) B V Kelly M. D.

(Address) 100 W Lemwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16065

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16065

342-107a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William J. Cohee
(a) Residence: No. 803 S Broadway St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single ~~Married~~ ~~Widowed~~ ~~Divorced~~ |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nora J. Cohee

6. DATE OF BIRTH (month, day, year) November 17, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 11 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR
10. Date deceased last worked at this occupation (month and year) 1910
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Friendship Balto Caroline County, Md.

FATHER
13. NAME William E. Cohee
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Sarah J. Hignitt
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient Mrs. M. H. Turner Preston, Md.

18. BURIAL, CREMATION, OR REMOVAL Friendship Balto Date Sept. 20" 1935

19. UNDERTAKER Lake & Hook
(Address) 1003 N. Eastern Ave

FILED SEP 19 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/5 1935 to 9/18 1935
I last saw h alive on 9/18 1935. Death is said to have occurred on the date stated above, at 3 PM a.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Date of onset 2-3 days

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No • If so, specify

(Signed) Robert A Reeter M. D.
(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 16066

# F 16066 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Quigley

(a) Residence: No. 133 S. Catherine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard Morris Quigley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Edna May Fix

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Edna May Fix

(Address) 133 S. Catherine St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hospital Grounds Date Sept. 17, 1935

19. UNDERTAKER ...

(Address) ...

20. FILED 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:15 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Marasmus - | |
| 5 mos development | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Fornaca Irving Scobey M. D.

(Address) 710 E. Lexington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16067

# F 16067 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 12 Ward)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Sullivan

(a) Residence: No. 3538 Greenmout Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hermine T. Sullivan

6. DATE OF BIRTH (month, day, year) May 23 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 3 | 24 25 — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachutes

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hermine T. Sullivan (wife)
(Address) 3538 Greenmount. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 20/35

19. UNDERTAKER Lilly & Sullivan
(Address) 401 N. Eutaw Place

20. Filed Sept 19 1935 Harrington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Angina Pectoris

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenby M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 16068

# F 16068 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3524 Elliott St. St., 76 Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No War

2. FULL NAME Conrad Werth.

(a) Residence: No. 3524 Elliott St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Werth

6. DATE OF BIRTH (month, day, year) Dec. 12/1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 9 | 5 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired formerly watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Werth (Wife)
(Address) 3524 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathias Date Sept. 21/35

19. UNDERTAKER Lilly & Zeilenga
(Address) 803 S. Wolfe St.

20. FILED SEP 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18/35

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to Sept 18, 1935

I last saw h... alive on Sept 17, 1935. Death is said to have occurred on the date stated above, at 5 Am pm.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset

Other contributory causes of importance:

Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright, M. D.

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B 1268-9

F 16069

# F 16069 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

86

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Fagley St., 76 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmine Creamo Jr. If U. S. Veteran specify WAR.....

(a) Residence: No. 311 S. Fagley St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) July 9 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| — | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Carmine Creamo

14. BIRTHPLACE (city or town) Molfetta (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Runk

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mrs Mary R. Creamo

(Address) 311 S. Fagley

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cath. Cem. Date Sept 20. 1935

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Monroe St.

20. FILED 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 19 1935 Huntington Williams, Jr. 11111

F 16070

F 16070

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 106-B

1. PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md. 17

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Hallinan

(a) Residence: No. 1956 Renova Road, West Oak Lane St., Philadelphia, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1909

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman-messboy 1c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At sea

10. Date deceased last worked at this occupation (month and year) 8-9-35

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

FATHER

13. NAME Daniel Hallinan

14. BIRTHPLACE (city or town) (State or country) Westport Co. Mayo, Ireland

MOTHER

15. MAIDEN NAME Mary Ferguson

16. BIRTHPLACE (city or town) (State or country) Westport Co. Mayo, Ireland

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Philadelphia, Pa. Date Sept 19, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave

20. DATE RECEIVED Sept 19 1935 Stiffler for Williams, MD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935 to September 18, 1935

I last saw him alive on September 18, 1935 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchiectasis, left lung | Unknown |
| Embolism, air, post operative | 9-16 |
| Abscess, left lung | Unknown |

Other contributory causes of importance:

Was an operation performed? yes Date of 9-6-35 & 9-13

For what disease or injury? Lung abscess

Name of operation Lung operation Date of .....

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. T. Sleeper M. D.

(Address) U.S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 16071

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Harlem Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Weinreich — If U. S. Veteran specify WAR No

(a) Residence: No. 1820 Harlem Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Weinreich

6. DATE OF BIRTH (month, day, year) Aug 30. 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | 0 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Master Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R. 1873

10. Date deceased last worked at this occupation (month and year) Oct. 1930

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Weinreich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Grautmann

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Weinreich
(Address) 1820 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 21. 1935

19. UNDERTAKER Mrs. Jno. W. Riehl & Son
(Address) 501 W. Fayette St.

20. FILED Sept 19 1935 Huntington Williams Reg

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10. 1935. to Sept 18. 1935

I last saw h... alive on Sept 18. 19... Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | 1920 |
| Arterio Sclerosis | |
| Other contributory causes of importance: | |
| Asthma | 1973 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. W. Fennander M. D.

(Address) 3002 Fairmount Blvd

OCCUPATION is very important. See instructions on back of certificate.

16072 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16072

## CERTIFICATE OF DEATH

349-107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Jones

(a) Residence: No. 1122 Brevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married. |

5a. If married, widowed, or divorced (or) WIFE of Wm Jones

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Berkeley

FATHER

13. NAME George Epps.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Leak ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 20 1935

19. UNDERTAKER Wm Geo C Folland
(Address) 661 Druid Hill Ave.

SEP 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/23 1935 to 9/17 1935

I last saw her alive on 9/17 1935 Death is said to have occurred on the date stated above, at 7 02 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of 7-22 1935

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16073

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16073

## CERTIFICATE OF DEATH

✓ 173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Length of residence in city or town (where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR.....

2. FULL NAME Richard Dorchester Pritchett

(a) Residence: No. 814 Rutland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1908

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

FATHER

13. NAME Zoney Pritchett

14. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

MOTHER

15. MAIDEN NAME Lula Phillips

16. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

17. INFORMANT Evelyn Pritchett

(Address) 300 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Eden Hill Dorchester Co. Md. Date Sept 21, 35

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St. Huntington Williams, W. Va.

20. FILED SEP 20 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound of Brain | |
| Bullet Wound of heart. | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Sept 18, 1935

Where did injury occur? 825 Chester St - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In a home.

Manner of injury Pistol shot.

Nature of injury Bullet wound of brain & heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schleucher M. D.
Coroner

(Address) 1914 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. P. 5268-9

16074

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16074

## CERTIFICATE OF DEATH

✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 73 yrs. 11 mos. 24 ds.

2. FULL NAME Rev. Thomas L. Cahill — No War Service

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25-1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 11 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1918

10. Date deceased last worked at this occupation (month and year) about 4 days ago

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME William Cahill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope
(Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cemetery Date Sept 20/35

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue.

20. FILED SEP 20 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1928 to Sept. 19, 1935

I last saw ~~him~~ alive on Sept. 19, 1935. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Chronic Nephritis~~ | |
| Acute myocardial decompensation | 2 days |
| Hypostatic pneumonia | 1 day |
| Other contributory causes of importance: | |
| Dementia Precox | 47 yrs. |
| Arterio-sclerosis | Chronic |
| Hypertrophy prostate | Chronic |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel P. Adams M. D.

(Address) 336 Frederick Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16075

# HEALTH DEPARTMENT—CITY OF BALTIMORE 16075

## CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 21 yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Fagan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1631 N. Bentalou St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Fagan

6. DATE OF BIRTH (month, day, year) 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg. Ladies Cloths

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Fagan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 9/20/35, 19

19. UNDERTAKER Levy Bros. Inc.

(Address) 1439 E. Baltimore St.

SEP 20 1935, 19 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935, to Sept 20, 1935

I last saw him alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 9-13-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Levy, M. D.

(Address) Sinai Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 20 1935

M. D. R. 1268-9

F 16076

# F 16076 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Cotton St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Jenkins

(a) Residence: No. 3213 Stafford St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Georgia E Jenkins

6. DATE OF BIRTH (month, day, year) June 20 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm A Jenkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Mildred Tesler

(Address) 3213 Stafford St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 9/21, 35

19. UNDERTAKER George A Farley

(Address) Fulton & Lafayette Ave

20. FILED SEP 20 1935 Hunting Town Williams M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1935 to Sept 18, 1935

I last saw him alive on Sept 18, 1935 Death is said to have occurred on the date stated above, at 9 40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins disease | |
| Possible Lymphosarcoma | |
| | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Anemia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B Marsh M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53

M. D. P 1268-9

# F 16077 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16077

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mottie Bowser

(a) Residence: No. 101 W. Montgomery St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katie Roberts

(Address) 101 W. Montgomery

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/20/35

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED SEP 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| To remove Obstruction | |

Name of operation Abdomal Date Sept 17,

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) 275 W Mont

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16078

## CERTIFICATE OF DEATH

94 B F 16078

1. PLACE OF DEATH On Street Reach when arrived at Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James R. Askey

(a) Residence: No. 3207 Sisters Rd. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E. Askey.

6. DATE OF BIRTH (month, day, year) Jan 26 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter, D63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting Contractor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William R. Askey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susan V. Seidell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Estelle G. Askey Daughter

(Address) 3207 Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lauraldale Date Sept 21, 1933

19. UNDERTAKER Wm J. Tucker & Sons

(Address) North & Penna Aves

20. FILED 19 ..... Registrar

SEP 20 1933

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said " find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, about 5 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Hart M. D.

Coroner

(Address) 1215 Fairmount Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

vss

F 16079

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16079

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Edward BERNARD Henry Spraener

(a) Residence: No. 19 N. Calhoun st. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Spraener

6. DATE OF BIRTH (month, day, year) Oct. 10, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 11 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 1939

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick Spraener

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hulzman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Sept 20. 1935

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna Ave

20. FILED SEP 20 1935 Thurston Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1934, to Sept. 18, 1935
I last saw him alive on Sept. 18, 1935. Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1931 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

Information should be complete and accurate, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16080

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16080

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 S Highland ave 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Brown

(a) Residence: No. 247 S Highland ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sadie Brown

6. DATE OF BIRTH (month, day, year): Aug 2 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. road

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Magness Brown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Wetzel

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Sadie Brown

(Address): 247 S Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: Sept 23 1935

19. UNDERTAKER: Martin W. C. Deppel

(Address): 37 S Arch St

20. FILED SEP 20 1935 Administrator Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Sept 19, 1935

I last saw her alive on 9/19, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | Sept 19, 1935 |
| Cerebral embolism | Sept 19, 1935 |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | 1 year |
| Arteriosclerosis | & |

Name of operation: None Date of: No

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) A. C. Schwartz M. D.

(Address) 2939 W. Cold Spring Ln

Information should be carefully supplied. Any omission or error should be corrected. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

M. D. B. 1268-9

F 16081 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16081

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH 243 S. Bond St 3

CITY OF BALTIMORE: (No. 243 St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Mary Anna Nitzke

(a) Residence: No. 243 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Paul Joseph

6. DATE OF BIRTH (month, day, year) Aug 24 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0537

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Stoppa

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Stoppa

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline Dembech
(Address) 243 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept 21. 1935

19. UNDERTAKER Math. W. Cl. Dypel
(Address) 21 S. Carey St.

SEP 20 1935

19... FILED ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18. 1935

22. I HEREBY CERTIFY That I attended deceased from Sept 17 1935 to Sept 18 1935

I last saw her alive on Sept 17 1935 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 16-35 |
| Hypertension | |
| Mitral Insufficiency | |
| Pneumonia | |
| Acute Nephritis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in ~~industry~~, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 841 N. Milton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16082 Schneider ✓ F 16082

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSPITAL 15 Ward)

Registered No. 6437

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occ... yrs.... mos.... ds. How long in U. S. If of foreign birth? yrs.... mos.... ds.

2. FULL NAME LEAH SCHNEIDER

If U. S. Veteran specify WAR....

(a) Residence: No. 4021 BONNER RD. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Kaverblud

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Winocur

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Schneider
(Address) 4021 Bonner Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Sept 20 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

SEP 20 1935

...Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1935 to 9-20-, 1935

I last saw her alive on 9-20-, 1935. Death is said to have occurred on the date stated above, at 3.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis, generalized | 9-17-35 |
| Acute Appendicitis | 9-15-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-17-35

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of 9-17-35

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Raffel M. D.

(Address) Sinai Hospital

F 16083

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16083

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1200 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Koshland

If U. S. Veteran specify WAR ..... Koshland

(a) Residence: No. 1613 Bandy St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 20 1935

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Koshland

6. DATE OF BIRTH (month, day, year) Nov. 14, 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe 0666

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Isaac Koshland

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Rose Neuberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Nat Koshland

(Address) Alexandra Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Holren-Zeunderp Date Sept. 22, 1935

19. UNDERTAKER Shaia Lonaheim-Lee

(Address) 1902 Eutaw Pl. Baltimore, Md.

..... 19 .....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/8/35, 19..., to 9/20/35, 19...

I last saw h.i.m. alive on 9/20/35, 19... Death is said to have occurred on the date stated above, at 5.45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia - acute - | |
| Hypertension | |
| Chronic Nephritis | |

Other contributory causes of importance:

Arteriosclerosis

Diabetes Mellitus.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Jeffrey M. D.

(Address) Sinai Hosp. Balto Md.

F 16084

F 16084 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hudson.

If U. S. Veteran specify WAR

(a) Residence: No. 510 E. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry.

6. DATE OF BIRTH (month, day, year) 8/2/1842

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 93 | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila.

FATHER

13. NAME James Dunn

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Anise

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Rep. Thos. J. Cowes Records Bell.

(Address) 510 E. N. Ave.

18. BURIAL, CREMATION, OR REMOVAL Wash DC

Place Rock Creek Park Date 9/23, 1935

19. UNDERTAKER Edward Lovelace

(Address) 2317 Wash. Blvd Huntington Philadelphia, Pa.

, 19 Registrar

SEP 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1935 to 9/19, 1935

I last saw her alive on 9/19, 1935 Death is said to have occurred on the date stated above, at 5:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Bronchopneumonia | 3 1/2 days |
| Hypertension | 3 " |
| Arteriosclerosis | 3 " |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reuter, M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16085

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daphnise Epsilantis

If U. S. Veteran specify WAR

(a) Residence: No. 4 W Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kleanthes

6. DATE OF BIRTH (month, day, year) 9/11/1870.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 0 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turkey.

FATHER

13. NAME Nicholas Morales.

14. BIRTHPLACE (city or town) (State or country) Turkey.

MOTHER

15. MAIDEN NAME Reginise Christo

16. BIRTHPLACE (city or town) (State or country) Turkey.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9/21 1935

19. UNDERTAKER Francis Ruse

(Address) Huntingtown Md

20. SEP 20 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1935 to 9/19 1935

I last saw her alive on 9/19 1935 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency ?

Hypertension ?

Date of Onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 16086 F 16086

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Jackson St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas J. Fitzgerald

If U. S. Veteran specify WAR

(a) Residence: No. 1609 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married, Widowed,~~ or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 23rd 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Paper Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Paper Bag Co

10. Date deceased last worked at this occupation (month and year) Sept 7th 35

11. Total time (years) spent in this occupation 35 0

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT James G. Fitzgerald

(Address) 1609 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 21st 1935

19. UNDERTAKER Wm Cook

(Address) 129 E Pratt St

Huntington Williams, M.D.

SEP 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/10/35, 19, to 9/15/35, 19. I last saw h[illegible] alive on 9/15/35, 19. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 9/11/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Fuller, M. D.

(Address) 1225 N. Charles St.

AdCo. 5-31 250M

F 16087

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16087

## CERTIFICATE OF DEATH

92av

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 723 W. Fairmount Ave Ward) 4

Length of residence in city or town where death occurred 48 yrs. 1 mos. 24 da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Charles P. Holland.

(a) Residence: No. 723 W Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 48 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Motor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio Railroad
10. Date deceased last worked at this occupation (month and year) 8/20/35
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Simon D Holland
14. BIRTHPLACE (city or town) St Mary's Co
(State or country) Md

MOTHER

15. MAIDEN NAME Georgiana Holland
16. BIRTHPLACE (city or town) Aa Co
(State or country) Md

17. INFORMANT Ada Holland
(Address) 6444 Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 21, 1935

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N Schroeder St.

Huntington Primacie Md

20. FILED SEP 20 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18/1935

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1935, to 9/18, 1935

I last saw h[illegible] alive on 9/17 1935 death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Uremia Endocarditis | |
| | (a) Uremia |
| | |
| | |
| | |

Other contributory causes of importance:
Spasmodic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D W Frankenberger, M. D.

(Address) 1444 W Lee

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16088

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 1 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Morgan — If U. S. Veteran—specify WAR: no

(a) Residence: No. Rouncevertе Route 1 St., Ward. West Va
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 9-6-66

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rail Roader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W Va

FATHER

13. NAME: Noah Morgan

14. BIRTHPLACE (city or town) (State or country): W. Va

MOTHER

15. MAIDEN NAME: Martha Boone

16. BIRTHPLACE (city or town) (State or country): W Va

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Lewisburg W. Va Date: Sept 20 1935

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Orleans St

Filed SEP 20 1935 — Huntington, W. Va. — 20 NKH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935 to Sept 20, 1935

I last saw h. alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Lymphatic leukemia | 1933 |
| Other contributory causes of importance: | |
| Arteriosclerosis | |

Was an operation performed? Yes Date of 9/10/35

For what disease or injury? Chronic lymphatic leukemia

Name of operation Biopsy, gland of neck Date of 9/10/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl B Brossman, M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16089

# F 16089 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Streeper St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Command If U. S. Veteran specify WAR ..... No

(a) Residence: No. 112 N. Streeper St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): Jan. 19 1879

7. AGE — Years: 56 | Months: 8 | Days: 29 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: John H. Command

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katherine Brady

16. BIRTHPLACE (city or town) (State or country): Ire.

17. INFORMANT: Thos. Command (Address) 112 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hollywood Date: 9/21 19 35

19. UNDERTAKER: John A. Inbran (Address) 3000 E. Baltimore St.

D. [illegible] Huntington Williams, N.Y.

SEP 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/18 19 35

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19 32 to Sept. 18 19 35

I last saw h. alive on Sept. 18 19 35 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset Apr. 1932

Other contributory causes of importance: Neoplasm of left breast — May 1931

Was an operation performed? yes Date of Aug 1934

For what disease or injury? Carcinoma of left mamma

Name of operation Breast amputation Date of Aug 6/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. T. Ellis M. D.

(Address) 24 E. Mon[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

16090 F 16090

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N. Caroline St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Franklin Shambleffer

(a) Residence: No. 408 N Caroline St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna Shambleffer

6. DATE OF BIRTH (month, day, year) June 1 - 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone cutter

10. Date deceased last worked at this occupation (month and year) 25 yrs ago

11. Total time (years) spent in this occupation 20?

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Nicholas Shambleffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Elizabeth Bankfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edgar Shambleffer

(Address) 408 N Caroline

18. BURIAL, CREMATION, OR REMOVAL

Greenmount cemetery Date Sept 21 1935

19. UNDERTAKER Chas G. Black

(Address) 742 W. North ave

20. FILED Sept 21 1935 Huntington Willgoose, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1935 to Sept 19 1935

I last saw h.. alive on Sept 19 1935. Death is said to have occurred on the date stated above, at 4 05 A m

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis and Nephritis | 1 yr |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 4 Day |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Black, M. D.

(Address) 413 N Washington

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 21 1935

F 16091

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16091

## CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hosp. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Andrew Denver

If U. S. Veteran specify WAR None

(a) Residence: No. 1700 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married. |

5a. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Arabella Denver.

6. DATE OF BIRTH (month, day, year) Aug 25, 855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Denver.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Arabella Denver

(Address) Maryville Severn, Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place St Mary's Annapolis Date Sept 23 1935

19. UNDERTAKER J. L. Hopkins

(Address) Annapolis Md

20. FILED SEP 20 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934 to Sept 20, 1935

I last saw h.l.m. alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized carcinomatosis | |
| Peritonitis | over |
| | |
| | |

Other contributory causes of importance:

Exhaustion. Senile Cystitis

D. Sac

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Farrar, M. D.

(Address) Severna Park, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

F 16092

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16092

## CERTIFICATE OF DEATH.

✓ 23

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1736 N Lexington St, 19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Clifton Rawlings

(a) RESIDENCE No. 1736 N Lexington St, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Cal | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May-17-1914

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 4 | 3 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER James Rawlings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estelle Rawlings

(Address) 1736 N Lexington St

15 Filed SEP 21 1935, 19 Huntington Millware, Md Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1935

17 I HEREBY CERTIFY, That I attended deceased from 8/5, 1935, to 9-20-, 1935,

that I last saw h alive on 9-19-, 1935,

and that death occurred, on the date stated above, at 12.05 a m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis,

Acute (duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

9/20 1935 (Address) 600 N Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 23, 1935

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

F 16093

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16093

## CERTIFICATE OF DEATH

J 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christiana Quaills

(a) Residence: No. 1204 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anson Quaills

6. DATE OF BIRTH (month, day, year): 10-11-1886

7. AGE: Years 48 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ? ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 6037
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? N. C.

FATHER
13. NAME: Jones Futrell
14. BIRTHPLACE (city or town) (State or country): ? N. C.

MOTHER
15. MAIDEN NAME: Mary Juiones
16. BIRTHPLACE (city or town) (State or country): ? N. C.

17. INFORMANT: Balto City Hosp't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Johnson Cemetery Date: Sep 21 1935

19. UNDERTAKER: Adolphus Halstead
(Address): 913 Edmondson Ave

20. FILED: SEP 21 1935, 19... Huntington Williams
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1935 to 9-18, 1935
I last saw her alive on 9-18, 1935 Death is said to have occurred on the date stated above, at 4 05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Adenocarcinoma of ovary | ? |
| Generalized Intestinal Carcinomatosis | ? |
| Secondary anemia | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? None

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. J. Martin M. D.
(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16094

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16094

## CERTIFICATE OF DEATH

93 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie Sinclair (Alzina (alkie) Sinclair) U. S. Veteran

(a) Residence: No. 631 Deep Dene Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Sinclair

6. DATE OF BIRTH (month, day, year) About 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 64 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Delaware~~ Queens Anne Co, Md

FATHER

13. NAME John C Montague

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 21 1935

19. UNDERTAKER J. M. Tickner & Sons
(Address) Huntington Ave, Williams, Md

FILED SEP 21 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/18, 1935 to 9/19, 1935

I last saw h[illegible] alive on 9/19 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 2-3 mo |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Ryte, M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 16095

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16095

## CERTIFICATE OF DEATH

✓ 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5616 Govane Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

2. FULL NAME Bernard A. Adams — No War Service

(a) Residence: No. 5616 Govane Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith M. Adams

6. DATE OF BIRTH (month, day, year) April 4-1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Lyko Co.

10. Date deceased last worked at this occupation (month and year) July 3-1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Vancouver - B. C.
(State or country) Canada

FATHER

13. NAME Albert Adams

14. BIRTHPLACE (city or town) Don't know
(State or country) England

MOTHER

15. MAIDEN NAME Susan Dadd

16. BIRTHPLACE (city or town) Don't know.
(State or country) England.

17. INFORMANT Mrs Edith M. Adams (wife)
(Address) 5616 Govane Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London - Ontario - Canada Date 9/21/35

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-20 Northy Avenue

20. FILED ..... 19.....
Registrar.

EP 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1935 to Sept 19 1935

I last saw h[illegible] alive on Sept 19 1935 Death is said to have occurred on the date stated above, at 8 0 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Renal Vascular | |
| Illness | 3 yrs |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheaton M. D.

(Address) 4309 Ft. Rd

F 16096 STATE OF MARYLAND—CERTIFICATE OF DEATH

46 BF 16096

1. PLACE OF DEATH

County ~~Baltimore Co.~~ 328 South Eutaw St. Registration Dist. No.

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Borland. If U.S. Veteran specify WAR

(a) Residence: No. 328 South Eutaw St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mollie Borland.

6. DATE OF BIRTH (month, day, and year): 8/21/1865

7. AGE: Years 70 | Months ~~0~~ | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Blocker 1086

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Hat factory

10. Date deceased last worked at this occupation (month and year): Nov. 1934 | 11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Peoria Penna

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Robert E Borland Jr 328 E Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date 9/21 1935

19. UNDERTAKER (Address): Edw. J. McNabb 804 Edmondson Ave

19. FILED SEP 21 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Sept 19 (Month) (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Sept 18 1935, 19; I last saw h alive on Sept 18 1935; death is said to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 4 mos |
| | |
| | |
| | |
| Other Contributory Causes of Importance: | |
| Cardiac Insufficiency | 9/18/35 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubbard Dunn M. D.

(Address) 327 Cathedral

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

F 16097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16097

## CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Harlem ave 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Gooby (Gooby)

(a) Residence: No. 835 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Gooby.

6. DATE OF BIRTH (month, day, year) Mar 11th 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter, B070

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Howard Gooby.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edith Gooby Berry

(Address) 835 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 21st 1935

19. UNDERTAKER Edward P. Keyser & Son

(Address) 518 W. Lexington St.

20. FILED SEP 21 1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/18. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1935 to Sept 18th 1935

I last saw h.. alive on Sept 15th 1935. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemiplegia or Cerebral Paralysis, | about Dec 1934 |
| Other contributory causes of importance: | |
| Interstitial Nephritis with Generalized Sclerosis | about Dec 1934 |

Name of operation None Date of

What test confirmed diagnosis? Clinical & Laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Symmers M. D.

(Address) 522 N. Arlington Ave

INSTRUCTIONS: This certificate should be filled in with pen and ink or typewriter and must be completed before a permit for burial will be issued. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16098

# F 16098 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Maryland General Hospital. Registered No.

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME [redacted] Mason

If U. S. Veteran specify WAR

(a) Residence: No. 3502 E. Pratt St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas D. Mason

6. DATE OF BIRTH (month, day, year) August 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 1 | [redacted] | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glenn Rock Pa. Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdown Date Sept 23 1935

19. UNDERTAKER Geo Schilling and Sons

(Address) In consignment to Asquith Huntington Indiana

19 ..... Registrar.

EP 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1935 to 9-18 1935

I last saw her alive on 9-18 1935. Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Diabetes | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Francis Williams Jr. M. D.

(Address) Md. General Hospital.

INSTRUCTIONS: WRITE PLAINLY WITH INK. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16099

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16099

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 Carrsen Court St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Frank Dorsey

14. BIRTHPLACE (city or town) Dead
(State or country)

MOTHER

15. MAIDEN NAME Marie Benet

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Charles Dorsey
(Address) Lakeland Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Hill Cem. Date Sept 21 19 35

19. UNDERTAKER Francis Gresham Sons
(Address) 1 E Lexington St

20. FILED SEP 21 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 17 1935 |

Other contributory causes of importance: Chronic interstitial Nephritis (Gen)

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

SEP 21 1935

V 5 5

NAME PLAINLY, WITH CAPABALS. INK—THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16100

F 16100

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Preston St. St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Fahey

(a) Residence: No. 426 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) -------

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 0069

10. Date deceased last worked at this occupation (month and year) 6/5/33

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Katherine Fahey
(Address) 426 East Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/23/35 19

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Eutaw St.

20. FILED SEP 21 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/35 19

22. I HEREBY CERTIFY, That I attended deceased from 7/10/33 19 to 9/19/35 19

I last saw h[illegible] alive on 9/19/35 19 Death is said to have occurred on the date stated above, at 1[illegible]0 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Pancreas) | 14 m |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 321 E 28

E. B. C.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16101

# F ~~16101~~ HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16101

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Emersonian Apts St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora K. Hans

(a) Residence: No. Emersonian Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hans

6. DATE OF BIRTH (month, day, year) June 19, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

FATHER

13. NAME Victor Rosenberg

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER

15. MAIDEN NAME Pauline Kraft

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. P. Erlanger

(Address) Emersonian Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Date Sept. 22, 1935

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED SEP 21 1935, 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935 to Aug 20, 1935

I last saw h... alive on Aug 20, 1935 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | |

Other contributory causes of importance:

| | |
|---|---|
| Generl Arterio-sclerosis<br>Chr Interstitial Nephritis | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

9/22/35 If so, specify

(Signed) Ernest E. Wagner, M. D.

(Address) The Esplanade

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16102

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F16102

## CERTIFICATE OF DEATH

51a

1. PLACE OF DEATH Provident Hospital — Registered No. ____

CITY OF BALTIMORE: (No. 1514 Dawson St., 4th Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alfred Hance — If U. S. Veteran specify WAR ____

(a) Residence: No. 437 Druid Hill Ave St., Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | col | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) June 4, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 57 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alfred Hance

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Bishop

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Pauline Fowlkes

(Address) 2029 McCulloh

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date 9-21-35

19. UNDERTAKER John M. Johnson & Sons

(Address) 1778 Druid Hill Ave & Huntington Ave

20. FILED SEP 21 1935, 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1935, to 9-19, 1935

I last saw him alive on 9-19, 1935. Death is said to have occurred on the date stated above, at 10 AM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkin's Lymphoma | |
| Carcinomatosis | |
| Ascites | |

Other contributory causes of importance: ____

Was an operation performed? yes Date of 8-27

For what disease or injury? ____

Name of operation Exploratory Date of 8-27

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) B. Harris, M. D.

(Address) Provident Hosp

NB

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16103 ✓ F 16103

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 82-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 25 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Riddle

If U. S. Veteran specify WAR

(a) Residence: No. Washington Blvd. St., Halethorpe Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel E. Riddle

6. DATE OF BIRTH (month, day, year) Dec. 25th 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1944

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Charles Riddle

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Wolf

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. Ethel E. Riddle
(Address) Halethorp Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9/23 19 3

19. UNDERTAKER Harry N. Mitchell
(Address) 4101 Edmondson Ave

20. FILED SEP 21 1935 19 A. E. Fuller Registrar 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept, 20-35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquirey find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above, 4, A.M.

The principal cause of death and related causes of importance were as follows:

| | Duration between onset and death |
|---|---|
| Cebreal Hemorrhage | Sept 19th |

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation, Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 16104 ✓ F 16104

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 W. Mulberry St. St. 70 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Boshamer

(a) Residence: No. 2842 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Isabelle

6. DATE OF BIRTH (month, day, year) Nov. 11, 1872.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Boshamer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Emer Manor.
(Address) 2842 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date Sept. 23 19 35

19. UNDERTAKER Harry A. Tuttle
(Address) 101 Woodson Ave.

20. FILED SEP 21 1935 19 [illegible] Registrar.

Huntington Mineral, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1935, to Sept 20, 1935.

I last saw him alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage - | |
| Other contributory causes of importance: | |
| 2 m. Attack of | |
| Arterio Sclerosis | |

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) J. Thomas Gibson, M. D.

(Address) 1001 E. Fulton Ave

M. D. P. 1268-9

16105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16105

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 White Oak Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Workman

(a) Residence: No. 4402 White Oak Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ebenezer Workman

6. DATE OF BIRTH (month, day, year) 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 88 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. obsd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME George B. Norris

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME McFarland

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. John J. Benisderfer

(Address) 4402 White Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Sept. 21, 35

19. UNDERTAKER Harry S. Wittle

(Address) 4101 Edmondson Ave.

20. FILED SEP 21 1935 Registrar. Huntington Ptg. Co., Balto.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to Sept 19, 1935

I last saw h.. alive on Sept 19, 1935 Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Kidney Cancer | 9/4 1935 |
| | about |

Other contributory causes of importance: Old age

Name of operation ? Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Hall M. D.

(Address) 4401 Eastern Ave

V 5 3

M. D. P.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1208-9

F 16106

F 16106

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

78. 107-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2311 Forest Park Ave St., 28 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Amos E. Parker

(a) Residence: No. 2311 Forest Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruth Ella Parker

6. DATE OF BIRTH (month, day, year) Nov. 1, 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Wanamaker

10. Date deceased last worked at this occupation (month and year) abt. 10 Yrs. Ago

11. Total time (years) spent in this occupation 45 Yrs.

12. BIRTHPLACE (city or town) (State or country) Barre Plain, Mass.

FATHER

13. NAME Amos Parker

14. BIRTHPLACE (city or town) (State or country) Hubbardston, Mass.

MOTHER

15. MAIDEN NAME Lucy Shepard

16. BIRTHPLACE (city or town) (State or country) Oakham, Mass.

17. INFORMANT Mrs. E. S. Hutton (Niece)
(Address) 2311 Forest Park Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Sept. 21, 1935

19. UNDERTAKER John J. Denny
(Address) 715 Light St ~~Huntington~~ Millwaukee, M.

20. FILED SEP 21 1935, 19
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935 to Sept. 19, 1935
I last saw him alive on Sept. 19, 1935. Death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis | 9/13/35 |
| Broncho-Pneumonia | 9/18/35 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

Signed Harold H. Hamerman, M. D.
(Address) Catonsville, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Lawrence Schroeder

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16107 F 16107

## CERTIFICATE OF DEATH X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence Schroeder

If U. S. Veteran specify WAR

(a) Residence: No. Md. Gen. Hosp. St., 16 Overbrook Road, Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 15

6. DATE OF BIRTH (month, day, year) Sept-20-1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 5— | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Gen Hos Baltimore - Md.

FATHER

13. NAME Laurence L. Schroeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Dorothy L. Hood

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Muriel M. Hood

(Address) 16 Overbrook Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 21 1935

19. UNDERTAKER John C. Mitchell & Son

(Address) 190 Eutaw Place

20. FILED SEP 21 1935 Registrar for Philip Morris

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-35, 19..., to ..., 19...

I last saw him alive on 9-20-35, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumia. | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. P. Sothers M. D.

(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 16108

# HEALTH DEPARTMENT—CITY OF BALTIMORE F 16108

## CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob S. Carr

If U. S. Veteran specify WAR .....

(a) Residence: No. Odenton Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 11, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James Carr

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME UnKnown

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT James Hoffmaster
(Address) 827 Cook s Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 23rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED SEP 27 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) Sept. 20, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Lobar Pneumonia | |
| Arteriselerosis | |
| Cardio Valvular Disease | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. K. Carlin M. D.
Coroner

(Address) 2737 Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

16109 HEALTH DEPARTMENT—CITY OF BALTIMORE 16109

# CERTIFICATE OF DEATH

51-C Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hosp Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James W Liter
(a) Residence: No. 3613 Windsor Mill Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Georgia White
6. DATE OF BIRTH (month, day, year): Oct 16, 1872
7. AGE: Years 62 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Funeral Director
10. Date deceased last worked at this occupation (month and year): Sept 5. 1935
11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Fairmount Md

FATHER
13. NAME: Nelson W White
14. BIRTHPLACE (city or town) (State or country): Fairmount Md

MOTHER
15. MAIDEN NAME: Estelle Shows
16. BIRTHPLACE (city or town) (State or country): Somerset County Md

17. INFORMANT (Address): Mrs Virgie M White 3613 Windsor Mill Rd

18. BURIAL, CREMATION, OR REMOVAL: Place Fairmount Md Date 9-22-35

19. UNDERTAKER (Address): J. Wm Cox & Son Inc Catonsville Md

20. FILED SEP 21 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-9, 1935, to 9-20, 1935
I last saw him alive on 9-20, 1935 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| Bronchopneumonia | |
| Other contributory causes of importance: | |
| Carcinoma of Prostate | |

Was an operation performed? Yes Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Philip A. Dunlop M. D.
(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16110

B 3958
B 16110

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ) St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Burke

If U. S. Veteran specify WAR

(a) Residence: No. Port Deposit Bay St. 80 Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-25-35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 5 + | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Burke

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Larue

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Port Deposit Date Sept 23 1935

19. UNDERTAKER Lee A. Patterson

(Address) Huntingtown Maryland

Registrar.

SEP 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935 to Sept 20, 1935

I last saw him alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 4.35 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus, congen. (?) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Craniotomy Date of Sept 18

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lucien A. Wanbaugh M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16111

# F 16111 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Washington St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 57 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary Svoboda

(a) Residence: No. 917 Washington St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Married |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Anton James Svoboda

6. DATE OF BIRTH (month, day, year) [illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Lissy

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Barbara —

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs Emma Rybak (daughter)
(Address) 1607 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 23 1935

19. UNDERTAKER Frank Leverich & Son
(Address) 1306 Eastern Ave

Huntington Williams
Registrar.

SEP 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Sept 20, 1935

I last saw her alive on Sept 19, 1935 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix uteri | ? |
| Obstruction | |
| Bronchopneumonia | 9/17/35 |
| Other contributory causes of importance: | |
| Cellulitis of abdominal wall | 9/16/35 |

Was an operation performed? yes Date of 9/18/35

For what disease or injury? Cellulitis of abdominal wall

Name of operation incision & drainage Date of 9/18/35

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. M. Currie M. D.

(Address) 5720 Hanford Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# F 16112 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16112

## CERTIFICATE OF DEATH

119 XV

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... d

If U. S. Veteran specify WAR. .....

2. FULL NAME Michael Wakefield

(a) Residence: No. Brooklyn Park St., ..... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1935

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Wakefield

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Catherine Hartmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George Wakefield

(Address) Brooklyn Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/21 1935

19. UNDERTAKER L. F. Mc. Gally

(Address) 130 E Fort Ave

20. FILED ..... 19 ..... SEP 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nutritional Disturbance | 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenten M. D. Coroner

(Address) 1912 E. North Ave

V S 6

3. If DEATH OCCURRED IN A HOSPITAL, INSTITUTION OR PUBLIC INSTITUTION, THE ATTENDING PHYSICIAN OR SUPERINTENDENT MUST SUPPLY THE INFORMATION REQUIRED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

16113 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16113

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Woodlawn Rd 27 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? 65 yrs. 8 mos. 2 ds.

2. FULL NAME Katherine Turner Stall

(a) Residence: No. 4615 Woodlawn Rd St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dr. Wm. S. Stall

6. DATE OF BIRTH (month, day, year): Jany-18-1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Robert Turner

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Elizabeth Turner

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Dr. W. S. Hall (Husband)

(Address) 4615 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept-21 19 35

19. UNDERTAKER: Stewart Mortuary Co.

(Address) Forrest Ave.

20. FILED ..... 19 ..... Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 1935 to Sept 20th 1935

I last saw her alive on Sept. 14th 1935. Death is said to have occurred on the date stated above, at 2h 9 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mammary Carcinoma with peritoneal metastases | 1934 |

Other contributory causes of importance: ✓

Name of operation Excision Tumor Date of 7-7-34

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. A. Wantz M. D.

(Address) 151 E. Pork Ave

M. D. F 1268-9

F 16114

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No. F 16114

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Blagett Scherer

(a) Residence: No. 4809 Olney Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Not Married

6. DATE OF BIRTH (month, day, year) Sept 14th '35

| 7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Henry Scherer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dorotha V Blagett

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT Father John Henry Scherer

(Address) 4809 Olney Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Sept 21st 1935

19. UNDERTAKER Geo Schluderberg Son

(Address) Monument & Eutaw Sts

22. FILED SEP 22 1935 Huntington Williams, Registrar

V. S. 3

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21. 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-14-35. 19 to 9-21-35. 19

I last saw him alive on 9-21-35. 19 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | |

Other contributory causes of importance:

atelectasis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. P. Sappington M. D.

(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16115 E 16115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Edgerton Rd. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob O. Froelick

If U. S. Veteran specify WAR

(a) Residence: No. 3800 Edgerton Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Brown

6. DATE OF BIRTH (month, day, year) 4/4/63

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public banking service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianna

FATHER

13. NAME Jacob O. Froelick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Eicht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine S. Froelick

(Address) 3800 Edgerton Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Punxsutawney, Pa. Date 9/22/35. 19

19. UNDERTAKER John D. Mitchell Son

(Address) 1900 Eutaw Place

Huntingdon Pennsylvania, N.J.

20. FILED 9/22/1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1935, to 9-20, 1935

I last saw him alive on 9-20, 1935. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Pulmonary edema & Myocardial failure, Arteriosclerosis | about |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) William G. Queen M. D.

(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 16116

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16116

## CERTIFICATE OF DEATH

V 82-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 N. Caroline St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Frances Broderick

(a) Residence: No. 1603 N. Caroline St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 28, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 0 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Book keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Thomas Broderick

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Jane Burgan

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Blanche Broderick
(Address) 1603 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Sept. 23, 19 35

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave.

Huntington Williams, Registrar

FILED SEP 22 1935

# MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-1-, 1935, to 9-20-, 1935, I last saw her alive on 9-20-, 1935. Death is said to have occurred on the date stated above, at 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | about 9/16/35 |
| Other contributory causes of importance: Bronchio-Pneumonia | 2 days |
| Arterio-sclerosis | Several yrs |

Was an operation performed? no Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No accident Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Amerritta Powell M. D.

(Address) 3705 Liberty Heights Ave.

NOTE—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16117

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16117

## CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 St. Paul St. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Wm. H. Etheridge

If U. S. Veteran specify WAR .....

(a) Residence: No. 2025 St. Paul St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Estelle Richards

6. DATE OF BIRTH (month, day, year) 9/16/60

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | -- | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. reitred

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician Dentist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Wm. H. Etheridge

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Freeman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James F. Etheridge

(Address) 2023 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date 9/23/35 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

P 22 1935

~~of Easton Maryland, Aug~~

& Nov 16

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to Sept 20, 1935

I last saw him alive on Sept 19, 1935 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |

Other contributory causes of importance:

Liver metastasis

Was an operation performed? Yes Date of Oct 31-32

For what disease or injury? Carcinoma of Stomach

Name of operation Gastro enterostomy Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas F Blake M. D.

(Address) 20 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16118

F 16118

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

98

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4826 Keswick Road St., 71 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George B. Nicols
If U. S. Veteran specify WAR .....

(a) Residence: No. 4826 Keswick Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Riley (Nicols)

6. DATE OF BIRTH (month, day, year) Feby. 13. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 69 | 7 | 7 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER
13. NAME Richard L. Nicols
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Wright
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John L. Nicols
(Address) 4003 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls, Kent Co. Sept. 23. 1935

19. UNDERTAKER John O. Mitchell Funl Inc.
(Address) 1900 Eutaw Place

20. FILED ... Huntington Phillips, M.D.
SEP 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4th, 1935 to September 18th, 1935
I last saw him alive on September 18th, 1935. Death is said to have occurred on the date stated above, at 1:42 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombi | Sept 20 |
| Other contributory causes of importance: | |
| Hypertension | 3 years. |

Was an operation performed? yes Date of Aug 1933
For what disease or injury? Gangrene of right foot
Name of operation Leg amputation Date of Aug 1933
What test confirmed diagnosis? Observation Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....
(Signed) Wm Conrad Bode, M. D.
(Address) 1900 Maryland Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 16119

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16119

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2722 Parkwood St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR None

2. FULL NAME William J. Chenoweth
(a) Residence: No. 2722 Parkwood St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~ Married, ~~Widowed, or Divorced~~: Widowed
5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Elizabeth P Chenoweth
6. DATE OF BIRTH (month, day, year): Feb 28 - 1857
7. AGE: Years 78 | Months 6 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R R Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: ?
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: ?
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Amelia Langrill 2722 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Cem. 9 23 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: SEP 22 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/21/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 . 1935 . to Sept 21 . 1935
I last saw him alive on Sept 20 . 1935 . Death is said to have occurred on the date stated above, at 6.25 AM

The principal cause of death and related causes of importance were as follows:

Cardio-Renal Vascular — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Renal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred C Jewett M. D.
(Address) 2514 Penn. Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P V 3

M. D. P. 1269-9

F 16120

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16120

## CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E. Lorraine ave 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Brantley Marshall Croswell — No War Record

(a) Residence: No. 316 E. Lorraine Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of Emma Mary Croswell

6. DATE OF BIRTH (month, day, year) April 6 - 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 56 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman of Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt

10. Date deceased last worked at this occupation (month and year) July 1 - 1935

11. Total time (years) spent in this occupation 13 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Croswell

14. BIRTHPLACE (city or town) (State or country) Gloucester Va.

MOTHER

15. MAIDEN NAME Mary Clocker.

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Emma Mary Croswell
(Address) 316 E Lorraine ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 23rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED SEP 22 1935 Huntington Phillips Registrar.
& AFT

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17 - 1935 to Sept 21 - 1935

I last saw him alive on Sept 20 - 1935 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lungs | |
| Pancreas and Stomach | 10-1-34 |

Other contributory causes of importance:

| | |
|---|---|
| none | — |

Name of operation none Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16121

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16121

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Henry Rich — If U. S. Veteran specify WAR No

(a) Residence: No. 2920 St. Paul St. St., ..... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Rich

6. DATE OF BIRTH (month, day, year) Jan 3 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 9/15/35 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marietta Ohio

FATHER

13. NAME Wm H. Trateher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Wm Rich

(Address) 2920 St. Paul st

18. BURIAL, CREMATION, OR REMOVAL

Place Benton City Mo. Date Sept 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

21 1935 — Registered — Filed for Wills

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16/, 1935, to 9/21/, 1935

I last saw h[illegible] alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 3¼ P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rt. Breast. | |
| | |
| | |
| | |
| Other contributory causes of importance: Myocardial Insufficiency - Diabetes Mellitus | |

Was an operation performed? yes Date of 9-17-35

For what disease or injury? Carcinoma

Name of operation Radical Mastectomy Date of 9-17

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Stathis, M. D.

(Address) Md. Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4[illegible] F 16122

F 16122

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6014 Smith Ave St., 27 Ward)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth 62 yrs. 4 mos. 16 ds.

NO WAR SERVICE

2. FULL NAME Samuel Mills Dell

(a) Residence: No. 6014 Smith Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine S. Dell

6. DATE OF BIRTH (month, day, year) May 4 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfr of Brushes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brushes

10. Date deceased last worked at this occupation (month and year) Sept 20 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thos. E. Dell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Amelia Mills

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Catherine S. Dell (wife)
(Address) 6014 Smith Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Sept 24 1935

19. UNDERTAKER J. Kenwell Morgan Co.
(Address) 108 W Pratt Ave.

[illegible] 19[illegible] Registrar.

SEP 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 years 19[illegible] to [illegible] 19[illegible]

I last saw him alive on August 1935. Death is said to have occurred on the date stated above, at 11.40 P m. Sept. 20th 1935

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Sept. 20th |
| Other contributory causes of importance: The lifting of a heavy coil of wire on Sept 19th may possibly have caused extra strain | Sept 19th 1935 |

Name of operation Not applicable Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? possibly accident Date of injury Sept 19 1935
Where did injury occur? Lifting of heavy coil of wire on his property
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On his property
Manner of injury Lifting of heavy coil of wire on Sept. 19th 1935
Nature of injury Was contributed to Coronary Thrombosis

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Dewolf M. D.
(Address) 11 E. Chase St. Baltimore Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 9 3

M. D. B. 1268-9

F 16123

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16123

131

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 7 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME: alphonse Di Gennaro
(a) Residence: No. 2013 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (~~Wife~~) Assuenta Di Gennaro

6. DATE OF BIRTH (month, day, year) November 11, 1878

| 7. AGE | Years | Mos. | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 10 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor's Shop
10. Date deceased last worked at this occupation (month and year): Sept. 13
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER
13. NAME: Pasquale Di Gennaro
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER
15. MAIDEN NAME: Annina Di Gennaro
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Assunta Di Gennaro
(Address): 2013 E. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Sept. 23 19 35

19. UNDERTAKER: Frank Della Rose
(Address): 52 N Morley St.

20. FILED: SEP 23 1935 19
Registrar.

U.S. Veteran Specify War WW 21st N

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20 19 35

22. I HEREBY CERTIFY, That I attended deceased from September 16 19 35 to September 20 19 35
I last saw him alive on September 20 19 35. Death is said to have occurred on the date stated above, at 3 40 A. m.

The principal cause of death and related causes of importance, were as follows:

| | Date of onset |
|---|---|
| 1. Peri-rectal abscess | |
| 2. Anterio ulcerosis | |
| 3. Chronic nephritis | |
| 4. Marasmus | |

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. M. Waesselle, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16124

6121

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 S Charles St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas E Bowman

(a) Residence: No. 1028 S Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mall | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ella Williams

6. DATE OF BIRTH (month, day, year) Aug 14 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 46 | 1 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Luther Bowman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary E Bowman
(Address) 1028 S Charles

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill. Date 9/23 19 35

19. UNDERTAKER Margaret J Flynn
(Address) 522 Eighth St Huntington Williams, W Va

20. FILED 22 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28th 1934 to Sept 19th 1935

I last saw him alive on Sept 19th 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Squamous cell carcinoma of left jaw with general Metastasis | 4/28/34 |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of Sept 5-1935

For what disease or injury? Carcinoma of left jaw

Name of operation Removal of jaw Date of 9/5/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Fleibel M. D.

(Address) 1224-26 Hanover St

STATE CAUSES OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16125

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., ..... Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gustav Merbach

(a) Residence: No. 706 Dundalk Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grease

6. DATE OF BIRTH (month, day, year) 8/17/66

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 10 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Dontine

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Son
(Address) 706 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 23 1935

19. UNDERTAKER H. G. Miller & Son
(Address) 2334 Jefferson St.

20. FILED SEP 22 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/20, 1934 to 9/20, 1935

I last saw him alive on 9/20, 1935 Death is said to have occurred on the date stated above, at 10 12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Duration of each |
|---|---|
| Bronchopneumonia | 9 days |
| Cerebral hemorrhage | 10 days |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | ? |
| Hypertension | ? |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 2

✓ F 16126

16126
304000

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul Dieter

(a) Residence: No. 2032 Hoffman St., ..... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-9-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Dieter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian Bissell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mas Cem. Date Sept 23 1935

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St. Huntington Williamson, W. Va.

20. FILED SEP 22 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935, to Sept 20, 1935.
I last saw him alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 1:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dysentery hemorrhagic | Sept 19 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. A. Cavenaugh M. D.
(Address) Johns Hopkins Hospital

FORM 3

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 16127

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16127

## CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 Keyworth Ave St. 15 Ward)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Lorin Brown World War

(a) Residence: No. 2526 Keyworth Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie E Brown

6. DATE OF BIRTH (month, day, year) Oct 11-1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 41 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred L Brown

14. BIRTHPLACE (city or town) (State or country) Warren Mass.

MOTHER

15. MAIDEN NAME Margaret Burns

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Marie E Brown 2526 Keyworth Ave
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Sept 23 1935

19. UNDERTAKER Fortune & Son 1334 N Charles St

Filed Sept 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1935 to Sept 21 1935

I last saw him alive on Sept 20 1935 Death is said to have occurred on the date stated above, at 4.50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Cirrhosis of Liver (alcoholic) | Jan 1930 |
| b. | |
| c. | |
| d. | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) George M Little M. D.

(Address) 2435 Maryland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 16128

16128

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-9-92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Noah Craig

(a) Residence: No. 1504 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/15/1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Sept. 23 1935

19. UNDERTAKER Robert E. Williams

(Address) 1515 Mendenhall St

19 SEP 22 1935 Huntington Virginia

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1935, to 9/19, 1935

I last saw him alive on 9/19, 1935. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic insufficiency | ? |
| Hypertension | 5 |
| Atherosclerosis | 2 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16129

6129

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willoughby, James

(a) Residence: No. St James Apts St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 6 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Land Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg, Va

FATHER

13. NAME Isaac H. Willoughby

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

MOTHER

15. MAIDEN NAME Roxanna Gambrill

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

17. INFORMANT Mrs Roxanna Willoughby

(Address) Fredericksburg Va

18. BURIAL, CREMATION, OR REMOVAL

Place Hillcrest Cem. Fredericksburg Va Date Sept 24 1935

19. UNDERTAKER J. T. Frampton & Son

(Address) Fredericksburg Va

20. FILED SEP 27 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Sept 21, 1935

I last saw him alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhoids Internal | ? |
| Septicemia ? | 9/6/35 |
| Other contributory causes of importance: | |
| Abscess right arm | 9/14/35 |

Was an operation performed? Yes Date of 9/7/35

For what disease or injury? Hemorrhoids - Internal

Name of operation Hemorroidectomy Date of 9/7/35

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert W. Faw M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

✓ F 16130

16130

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

127-B

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Sq. Hosp. ST Balto. Md WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isabella Gosnell

(a) RESIDENCE NO. 4806 Laurel Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married. |

5a If married, widowed, or divorced (or) WIFE of Charles Gosnell

6 DATE OF BIRTH (month, day, and year) June 13-1848

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 87 | 3 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer) " "

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Fredrick Co Md

PARENTS

10 NAME OF FATHER William L Spearht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fredrick Co Md

12 MAIDEN NAME OF MOTHER Cornelia Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fredrick Co Md

14 Informant (Address) Charles A Gosnell 4806 Laurel Ave

15 Filed ..... 19 ..... Registrar

9 22 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/'35

17

I HEREBY CERTIFY. That I attended deceased from Sept 9, 1935, to Sept 20, 1935

that I last saw her alive on 9/20, 1935

and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Immediate:- Intestional Obstruct

(duration) yrs. mos. 6 ds.

Primary CONTRIBUTORY: abdominal adhesions

(Secondary) (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 9/17/'35

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & opera

(Signed) D. D. Caples M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cemetery

DATE OF BURIAL Sept 23 1935

20 UNDERTAKER Towell & Byers, Inc

ADDRESS 2834 Edmondson

M. D. B 1268-9

E 16131

16131

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John William Fisher

(a) Residence: No. 1173 W. Hamburg St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Dorothy E. Fisher

6. DATE OF BIRTH (month, day, year) October 3 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William A. Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lydia Hillary

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Dorothy E. Fisher

(Address) 679 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet (Cemetery) Date Sept 24. 1935

19. UNDERTAKER Towell & Byers, Inc.

(Address) 2924 Edmondson Ave

20. FILED ..... 19..... ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 20. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema of brain - Cerebral origin | about 1 week |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 6

16132

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 16132

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S. If of foreign birth? 15 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fred Nori

(a) Residence: No. Superior St. St., ..... Ward. Havre de Grace Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Delores

6. DATE OF BIRTH (month, day, year): 9-3-90

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 45 | 0 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Joseph Nori

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Mary Z—

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Havre-de-Grace Md. Date: Sept 24. 1935

19. UNDERTAKER: Henry W. Meardon

(Address) 605 N. Calvert St.

SEP 23 1935

(Signed) ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept-22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Sept 22, 1935

I last saw h im alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 6[10] A m.

The principal cause of death and related causes of importance were as follows:

Chronic vascular nephritis. — Date of onset: Not known

Arteriosclerosis, hypertension,

hypertensive heart disease.

Other contributory causes of importance:

ulcerative pharyngitis - Spir. vincent. — Aug 1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. B. Grossman M. D.

(Address) The Johns Hopkins Hospital

V S 3

OCCUPATION is very important. See instructions on back of certificate.

F 16133 / 30347

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ X 78 F 16133

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Merle Kennedy

(a) Residence: No. 208 E Church St., Ward. Frederick Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard

6. DATE OF BIRTH (month, day, year): 8-22-96

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 1 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Woullard

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Ida Wilders

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records
(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Frederick Md Date Sept 24 1935

19. UNDERTAKER: C. E. Clinedinst
(Address) Frederick Md

(Registrar) Huntington Williams M.D.

SEP 23 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935 to Sept 22, 1935

I last saw her alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 4.30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary abscess, right | June '35 ave |
| Other contributory causes of importance: Cerebral abscess, multiple | 5 days |

Was an operation performed? Yes Date of Sept 12

For what disease or injury? Pulmonary abscess

Name of operation Thoracotomy Date of Sept 12

What test confirmed diagnosis? Bacteriological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Woodhead, M. D.

(Address) Johns Hopkins Hospital

16134 F 16134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Emmanuel Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 13 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Hester A Billingsley

(a) Residence: No. Monkton, Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 28 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| ✓ | 36 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkton, Md.

FATHER

13. NAME Thos. E. Billingsley

14. BIRTHPLACE (city or town) (State or country) Monkton Md

MOTHER

15. MAIDEN NAME Lottie Cooper

16. BIRTHPLACE (city or town) (State or country) Monkton, Md.

17. INFORMANT Mrs. T. E. Billingsley (Address) Monkton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Monkton Md Date Sept 28 1935

19. UNDERTAKER Wm. C. Booth & Son (Address) Sparks, Md.

20. FILED SEP 23 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1935 to 9-22 1935

I last saw her alive on 9-22 1935 Death is said to have occurred on the date stated above, at 1.20 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystocholithiasis | |
| Chronic Hepatitis | |
| abdominal adhesions | |
| Other contributory causes of importance: | |
| Secondary hemorrhage | 9-21-35 |

Was an operation performed? Yes Date of 9-13-35

For what disease or injury?

Name of operation Choledocholithotripsy Date of 9-15-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Shirley O. Dursley M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

E 16135

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16135

## CERTIFICATE OF DEATH

✓ 117-a

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adolph Starck

(a) Residence: No. 1006 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs. Dora Starck

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 44 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date 9/28, 1935

19. UNDERTAKER Jas. Lewis Son (Address) 1439 E. Balto St.

20. FILED SEP 23 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935, to Sept. 22, 1935

I last saw him alive on Sept. 22, 1935. Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 2 days 9/20/35 |
| Other contributory causes of importance: Perforated jejunal ulcer JEJUNAL Yes | 9/19/35 (?) own |

Was an operation performed? Yes Date of Sept 21, 1935

For what disease or injury? Peritonitis

Name of operation Laparotomy Date of 9/21/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliott MacLachlan, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

16136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16136

## CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Insanity Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McCaslin

If U. S. Veteran specify WAR

(a) Residence: No. Chestnut Ridge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl McCaslin

6. DATE OF BIRTH (month, day, year) Feb. 22, 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| Sept, 1935 | |

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm J. McCaslin

14. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto. Co., Md.

MOTHER

15. MAIDEN NAME Lily B Downs

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. C. K. McCaslin

(Address) Centerlown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chestnut Ridge Date Sept 25, 1935

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Sparks, Md

(Filed) SEP 23 1935 Huntington Hill Cockeysville, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1935, to Sept 23, 1935

I last saw him alive on 9/23/35, 19. Death is said to have occurred on the date stated above, at 4 00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Appendix | 9/6/35 |
| Intestinal Obstruction | 9/14/35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/6/35

For what disease or injury? Ruptured appendix

Name of operation Appendectomy Date of 9/14/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William G. Helfrich, M. D.

(Address) Univ. Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 16137 F 16137

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5220 Park Heights Ave Street 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E. Chaney

(a) Residence: No. 5220 Park Heights Ave Street ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin R. Chaney.

6. DATE OF BIRTH (month, day, year) April 17, 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | 5 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles McKnew.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie E. Boone.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Roland J. Chaney

(Address) 5220 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Sept 23, 1935

19. UNDERTAKER Chenowe & Son.

(Address) 3615-17 Chestnut Ave

20. FILED SEP 23 1935 Huntington Williams MD Registrar

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935 to Sept 21, 1935

I last saw her alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paresis of the aged | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Didgeborough M. D.

(Address) 850 W 36 St

SEP 23 1935 B

F 16138

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16138

## CERTIFICATE OF DEATH

34-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Murphy.

If U. S. Veteran specify WAR

(a) Residence: No. 929 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph.

6. DATE OF BIRTH (month, day, year) 9/2/1893.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42. | | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Emory Ford.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Bergman.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Natal cemetery Date Sept 23 1935

19. UNDERTAKER Edw Bryan
(Address) 1647 Orleans st

20. FILED SEP 23 1935 19 Hunter Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1935, to 9/20, 1935

I last saw her alive on 9/20, 1935. Death is said to have occurred on the date stated above, at 6 10/24 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriolar nephrosclerosis | 3 yrs |
| Uremia | 7 |
| Myocardial insufficiency | |
| Hypertension | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite, M. D.

(Address) Balto City Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

Hansford F 16139

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16139

## CERTIFICATE OF DEATH ✓ 210-M

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Osmond

U. S. Veteran specify WAR .....

(a) Residence: No. 358 E Lombard St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 93

| 7. AGE ✓ | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Wm Osmond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Gilbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wm Osmond (Address) 358 E Lombard

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Cemetery Sept 22 1935

19. UNDERTAKER J. G. Cook (Address) 1203 N. Patterson Park Ave

20. FILED Sept 23 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9/20 1935

Where did injury occur? Street 358 E Lombard St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Ran in behind 2 parked cars & struck another auto

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wilmer Gurley M. D. Coroner

(Address) 5 E Pleasant St

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 16140

F 16140

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N. Chapel St., 8 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Holey

(a) Residence: No. 1327 N. Chapel St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Holey

6. DATE OF BIRTH (month, day, year) 10-1-1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 yrs 64 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Beaufort S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Henry Holey
(Address) 1327 N. Chapel.

18. BURIAL, CREMATION, OR REMOVAL.
Place Ft. Lincoln Cem. Date 9-23 1935

19. UNDERTAKER Wm. P. Boyd & P. Cahill Co. Inc.
(Address) 1124 Madison Ave.

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1935 to 9-20- 1935

I last saw her alive on 9-20- 1935. Death is said to have occurred on the date stated above, at 1,30 A.m.

The principal cause of death and related causes of importance were as follows:

Valvulitis — Date of onset —

Other contributory causes of importance:

Interstitial Nephritis — Date of onset —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Montanyes, M. D.

(Address) 611 N. Carey St.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 16141

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16141

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Ashland Av St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Elizabeth Price

(a) Residence: No. 1416 Ashland Av St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Richard Price

6. DATE OF BIRTH (month, day, year) 12-25-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 64 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Kent Co Va

FATHER

13. NAME Fleming Turner

14. BIRTHPLACE (city or town) (State or country) New Kent Co Va

MOTHER

15. MAIDEN NAME Martha Robinson

16. BIRTHPLACE (city or town) (State or country) New Kent Co Va

17. INFORMANT Martha Virg. Killingsworth
(Address) 2239 Scoville Av. Cleveland O.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Sept 23 1935

19. UNDERTAKER Mrs Robert A Elliott - daughter
(Address) 1129 Harlem Ave.

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/11 1935 to 9/20 1935

I last saw her alive on 9/20 1935 Death is said to have occurred on the date stated above, at 10:10 m. a.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | Aug. 35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chr. Interstitial Nephritis | ? |
| arterio-sclerosis | ? |

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wayne Monroe M. D.

(Address) 1500 E. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16142 16142

## CERTIFICATE OF DEATH

✓ 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 28 Ward)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME John Lane — Civil War Service

(a) Residence: No. Mt. Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 84 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wks Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wks Odd

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Dennis Lane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope (Address) Mt Hope Retreat, City.

18. BURIAL, CREMATION, OR REMOVAL
Place West Chester, Penna. Date Sept 24 35 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W North Avenue

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28 1935 to Sept 22 1935

I last saw him alive on Sept 22 1935 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolus | 9/24/35 |
| Arterio-sclerosis Senile-Minded | 56 yrs ago |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Damon P. Alexander M. D.

(Address) 3326 Fairview Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

16143 E 16143

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4823 Keswick Rd St., 27 Ward)

Length of residence in city or town where death occurred 53 yrs. 4 mos. 12 dls. How long in U. S. If of foreign birth? 53 yrs. 4 mos. 12 da.

2. FULL NAME Thomas Warden Rinehart

(a) Residence: No. 4823 Keswick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Janet G. Rinehart

6. DATE OF BIRTH (month, day, year) May-10-1882

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|---|
| | 53 | 4 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Secty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam Cas Co.

10. Date decedent last worked at this occupation (month and year) July-20-1935

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Evan Thomas Rinehart

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Evelyn Alice McClellan Wardlaw

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Janet G. Rinehart (wife)
(Address) 4823 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Sept 24 1935

19. UNDERTAKER Blewitt & Moore Co
(Address) 128 W Lexington Ave

20. FILED [illegible] 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April-18 1933 to Sept 22 1935

I last saw him alive on Sept 22 1935 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the Lung (March 19 '34.) | |
| Other contributory causes of importance: | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Lawrence H. Fay M. D.

(Address) 1114 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

C.F. 3

FEB 26 1935 A [illegible]

M. D. B 1268-9

F 16144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16144

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital St. 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Manny L Lawrence
If U. S. Veteran specify WAR

(a) Residence: No. 109 W York St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mark,

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Va

FATHER
13. NAME unk
14. BIRTHPLACE (city or town) unk
(State or country)

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Beulah Whitehead
(Address) 520 Lakewood Ave Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 9-23 1935

19. UNDERTAKER James A. Harris
(Address) 1424 Pennsylvania Ave

20. FILED SEP 23 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | 9/19/35 |
| Other contributory causes of importance: Chronic Myocarditis | 8/1/35 |

Was an operation performed? no Date of
For what disease or injury? no
Name of operation no Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L Collins M. D.
Coroner
(Address) 501 Lexington St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 16145

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16145

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton Ave & Wilkens Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Thomas Conroy

(a) Residence: No. Immaculate Conception Church

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19 1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boston
(State or country) Mass.

FATHER

13. NAME John J. Conroy

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary A. McCarthy

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records

(Address) Caton & Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Germantown Pa Date Sept 23 1935

19. UNDERTAKER Martin Funeral Homes

(Address) 1827 W. North Ave. Baltimore, Md.

20. FILED SEP 23 1935 19 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1935 to 9/19 1935

I last saw h alive on 9/19 1935 Death is said to have occurred on the date stated above, at 12:32 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive & arteriosclerotic Heart disease | ? |
| Coronary occlusion | 9/17/35 |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Electrocardiograph Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Neely M. D.

(Address) St. Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 623

M. D. B 1268-9

16146 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16146

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Died on way to St. Agnes Hospital Registered No.

CITY OF BALTIMORE: (No. 25 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. Reed If U. S. Veteran specify WAR

(a) Residence: No. Halethorp Md., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa M. Reed

6. DATE OF BIRTH (month, day, year) June 30th 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 48 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O.R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Whalen

16. BIRTHPLACE (city or town) (State or country) Ireland Irland

17. INFORMANT Teresa M. Reed

(Address) Maple Ave. Halethorp Md.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 9/24 19 35

19. UNDERTAKER Frederick A Pole

(Address) 1210 W Lombard St.

20. FILED 19 Registrar

SEP 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20th 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. About 6 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Angina Pectoris | 9- 20-35 |

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 16147

M. D. B. 1268-9

# F 16147 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 210-F

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Buckingham

(a) Residence: No. 2111 N. Calvert St. St., ..... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Butte Co. (State or country) California

FATHER

13. NAME Pierce Buckingham

14. BIRTHPLACE (city or town) Butte Co. Md (State or country)

MOTHER

15. MAIDEN NAME Rebecca Carson

16. BIRTHPLACE (city or town) Longs Md (State or country)

17. INFORMANT Beatrice Buckingham

(Address) 2111 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cem. Date Dec 24 1935

19. UNDERTAKER Berryman Bros

(Address) 11 W. Preston St. Md.

20. FILED DEC 24 1935, 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc Date of injury 12/21, 1935

Where did injury occur? Charles St. Ave. near Stephens Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fell off truck

Nature of injury Head injuries

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hilda Gorke Autz M. D.
Coroner

(Address) 5142 Park Hgts

M. D. F. 1268-9

F 16148

16148

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Baker St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Boyd Frankeni

(a) Residence: No. 1706 Baker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 8-1909

7. AGE: Years 26 | Months 3 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year): 9/13/35

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Samuel Frankeni

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Liza Warren

16. BIRTHPLACE (city or town) (State or country): Va Md

17. INFORMANT: Elizabeth Frankeni

(Address) 1706 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/23 ... 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED ... 19 ...

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1935 to Sept 20th 1935

I last saw ... alive on Sept 20 1935 Death is said to have occurred on the date stated above, at 12 00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria (Laryngeal Paralysis) | 9/18/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Ruptured Gastric Ulcer | 9/18/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas E Bell M. D.

(Address) 1734 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 16149

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16149

## CERTIFICATE OF DEATH

8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) St., 19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MORTON EVANS

(a) Residence: No. 1407 Edmondson Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 20, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 3 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Morton Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Adrine Gartner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT ~~Mother~~ Morton Evans

(Address) 1407 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/23 19 35

19. UNDERTAKER Thomas E Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 21 19 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 19 35 to Sept 21 19 35

I last saw h[illegible] alive on Sept 21 19 35 Death is said to have occurred on the date stated above, at 505 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | 8-19-35 |
| Mastoiditis | 9-19-35 |
| Cardiac failure | 9-21-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-21-35

For what disease or injury? Mastoiditis

Name of operation Mastodectomy Date of 9-21-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwartzkopf M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 53

F 16150

F 16150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. CASTLE ST. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME ANNA REBHAN

(a) Residence: No. 117 S. CASTLE ST. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | SINGLE |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of DAUGHTER OF THE LATE GEORGE REBHAN

6. DATE OF BIRTH (month, day, year) OCT. 24 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| 67 | 68 | 10 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED (MD)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME GEORGE REBHAN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME BARBARA BETZ

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MARGARET REBHAN (SISTER)
(Address) 117 S. CASTLE ST.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date SEPT. 24/35

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 E. Wolfe St.

20. FILED ... 19... ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 21/35

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 19 35 to Sept. 21 19 35

I last saw h[illegible] alive on Sept. 21 19 35 Death is said to have occurred on the date stated above, at 4 pm m.

The principal cause of death and related causes of importance were as follows:

| | Date at onset |
|---|---|
| Acute Cerebral Apoplexy | 9/16/35 |
| Chr. Arter.-Sclerosis | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Emil Deutsch M. D.

(Address) 700 N. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

16151

✓ F 16151

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2048 BANK ST. St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MARY E. BECK

If U. S. Veteran specify WAR .....

(a) Residence: No. 2048 BANK ST. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | WIDOW |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of THE LATE CHAS. BECK

6. DATE OF BIRTH (month, day, year) JAN. 28 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 7 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JENMIEH NEEMAN

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER

15. MAIDEN NAME ELIZABETH FRALEIGH

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT IRENE CRANE (DAUGHTER)

(Address) 2048 BANK ST.

18. BURIAL, CREMATION, OR REMOVAL

Place NEW CATHEDRAL Date SEPT. 24/35

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19 ..... Registrar

SEP 23 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT. 21/35 19

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1935 to Sept. 21, 1935

I last saw her alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-Vascular Renal Disease | ?? |
| Other contributory causes of importance: Terminal Broncho-Pneumonia | 2 days |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Arenga M. D.

(Address) 209 S. Chester St.

OCCUPATION is very important. See instructions on back of certificate.

v o 2

Price ✓

# F 16152 HEALTH DEPARTMENT—CITY OF BALTIMORE

119 F 16152

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hospital St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 3 yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Edna Price
(a) Residence: No. 1625 Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 3 mo | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Andrew J. Price
14. BIRTHPLACE (city or town) (State or country) Grants Pa.

MOTHER
15. MAIDEN NAME Carrie V. Schultz
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Andrew J. Price
(Address) 1642 Edgewood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Edelon Hill Date Sept 24 1935

19. UNDERTAKER C. Bryant Evans
(Address) Govans Charles St.

20. FILED , 19 Registrar.

SEP 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Sept 22, 1935
I last saw h[illegible] alive on Sept , 19 . Death is said to have occurred on the date stated above, at 2:30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 9/16/35 |
| Vomiting | |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/21/35
For what disease or injury? To overcome dehydration & for transfusion
Name of operation Phlebotomy Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Haven Alburger, M. D.
(Address) Univ. Hospital

16153 Price F 16153

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hospital St. 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Theresa Price

(a) Residence: No. 1642 S. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1932

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 mo. | 3 mos | 4 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Andrew J. Price
14. BIRTHPLACE (city or town) (State or country) Scranton Pa.

MOTHER
15. MAIDEN NAME Carrie A. Schaulis
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Andrew J. Price
(Address) 1642 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 22, 1935

19. UNDERTAKER J. Kemp Ellis & Co
(Address) 1642 S. Charles St

20. FILED SEP 23 1935 Thurston Phillips Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Sept 21, 1935
I last saw h[illegible] alive on Sept 21, 1935. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 9/16/35 |
| Vomiting | |

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Haven Albeltaire M. D.
(Address) Univ. Hospital

16154

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16154

## CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St., V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME VINCENT MAJGRAF
If U. S. Veteran specify WAR .....

(a) Residence: No. 608 S. BETHEL St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Majgraf

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Wife 608 S. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 24 1935

19. UNDERTAKER Fred W. Ozazewski
(Address) 1980 Eastern Ave

20. FILED ..... 19..... Registrar

SEP 23 1935

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935, to Sept 21, 1935

I last saw h. alive on Sept 21, 1935 Death is said to have occurred on the date stated above, at 2 30 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | 9-16-35 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schwentker, M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

16155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16155

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Fulton Aye. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. Gebhardt

(a) Residence: No. 217 S. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gebhardt

6. DATE OF BIRTH (month, day, year) Aug-7-1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Sponsel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lena Gebhardt

(Address) 217 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 23 1935

19. UNDERTAKER J. B. Nippert & Son

(Address) 1300 Eutaw Place

20. FILED 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Sept 19, 1935 19...

I last saw her alive on Sept. 18. 1935 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma pylorus end of stomach | 1934 |

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris Burkheimer M. D.

(Address) 54 S. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

16156 F 16156

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. Lafayette & John St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Warvel

(a) Residence: No. 2205 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19-1935

| 7. AGE | Years | Months | Days | If LESS than 1 day 12 hrs. or ... min. |
|---|---|---|---|---|
| X | X | X | X | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Warvel

14. BIRTHPLACE (City or town) (State or country) Beansville Ohio

MOTHER

15. MAIDEN NAME Evelyn Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Warvel
(Address) 2205 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Lab. Date Sept 19, 1935

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

SEP 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1935 to Sept 19- 1935
I last saw h[illegible] alive on Sept 19- 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 9/19/35
Birth Trauma

Other contributory causes of importance:

Name of operation Version & Extraction Date of 9/19/35

What test confirmed diagnosis? Cisterna puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 1014 N Eutaw

M. D. B. 1268-9

F 16157

# F 16157 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 594 W Preston St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Locks Locks

(a) Residence: No. 594 W Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | ✓ | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Ernest W. Locks

14. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

MOTHER

15. MAIDEN NAME Carol Meeks

16. BIRTHPLACE (city or town) Washington
(State or country) D.C.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Union Md Date Sept 23 1933

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1933 to Sept 21 1933

I last saw h... alive on Sept 21 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Asthenia

Date of onset

Sept 14 1933

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Leroy Hansen M. D.

(Address) 1 W Franklin St

M. D. B. 1268-9

F 16158

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16158

95-B

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Harriton Road Poplar Hill Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelia Pinkney Dutton

(a) Residence: No. 1103 Harriton Road Poplar Hill Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Late Luther H. Dutton

6. DATE OF BIRTH (month, day, year) March 28th 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 - 72 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME P. F. Hensley

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Mary E Hamilton

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs Theo Lurman

(Address) 1103 Harriton Road Poplar

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Cemetery Date Sept 24 1935

19. UNDERTAKER Henry Hankins & Co

(Address) Eldridge & Collects Huntington Pikesville, Md

20. FILED ..... 19..... Registrar.

20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to 9-22 1935

I last saw her alive on 9-21 1935 Death is said to have occurred on the date stated above, at 8.15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart Disease | ? |
| | |
| | |
| | |
| | 1 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1129 St Paul St

M. D. B. 1269-9

F 16159

6159

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Williams

(a) Residence: No. Simpsonville, Howard County, St. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Williams

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 2nd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Nicholas Nelson

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Patient

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Locust Point Cem. Date Sept 24 19 35

19. UNDERTAKER Eastern Ave

(Address) .....

20. FILED ..... 19 .....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1935 to Sept 22 1935

I last saw her alive on Sept 21 1935 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxemia | 8 days |
| Carcinomatosis | 11 years |
| | about |
| Other contributory causes of importance: | |
| Hypertension | ? |
| Myocarditis | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert L. Lafont M. D.

(Address) 1116 Myrtle Avenue

M. D. B. 1268-9

✓ F 16160

# F 16160 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 E Preston Street St., 8 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Wm C Brandt

(a) Residence: No. 1625 E Preston Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Brandt

6. DATE OF BIRTH (month, day, year) September 14, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Wilhelmina Brandt
(Address) 1625 E Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 9-24 ..... 1935

19. UNDERTAKER Albert J Huth
(Address) 1616 E Chester Street

20. FILED ..... 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 ..... 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 ..... 1934 ..... to Sept 20 ..... 1935

I last saw him alive on Sept 20 ..... 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | 1934 |
| Cardiac Hypertrophy | 1934 |
| Coronary occlusion | 1934 |
| Other contributory causes of importance: Nephritis Chronic | 1933 |
| Arteriosclerosis | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar P Sandrock M. D.

(Address) Medical Arts Bldg.

F 16161

16161

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Rathberg

(a) Residence: No. 15 N. Potomac St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, ~~widowed~~ or divorced ~~HUSBAND OF~~ (or) WIFE of Alfred Fassisie

6. DATE OF BIRTH (month, day, year) Apr. 4 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 43 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland.

FATHER

13. NAME W. G. Rathberg

14. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland.

MOTHER

15. MAIDEN NAME Powers

16. BIRTHPLACE (city or town) (State or country) Cumberland Maryland.

17. INFORMANT James Rathberg (Address) 15 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 9/24/ 1935

19. UNDERTAKER John A. Horan (Address) 5000 Baltimore

20. FILED SEP 28 1935 Huntington Fitzpatrick Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1935

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1935, to Sept. 26 1935

I last saw her alive on Sept. 21, 1935. Death is said to have occurred on the date stated above, at 8.10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | ? |
| uremia | |

Other contributory causes of importance:

| | |
|---|---|
| uremia | 9/18/35 |

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.....

(Signed) Theodore A. Schwartz M. D.

(Address) Mercy Hospital

AACo. 5-31 250B

16162 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16162

## CERTIFICATE OF DEATH

Registered No. 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 N Calhoun St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. — mos 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Dupree.

(a) Residence: No. Barboro N. C. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Dupree

6. DATE OF BIRTH (month, day, year) -1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 65 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Annie Suggs

16. BIRTHPLACE (city or town) (State or country) Barboro N. C.

17. INFORMANT Joseph Dupree

(Address) 330 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Barboro, N.C. Date Sept 23, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lebanon St. Huntington Pittsburgh, Pa.

20. FILED Sept 23 1935, 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1935, to 9/23, 1935

I last saw h[illegible] alive on 9/22, 1935 death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | |
| Arteriosclerosis | |

Other contributory causes of importance:

Malaria

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Dunglen M. D.

(Address) [illegible]

M. D. B 1268-9

F 16163

F 16163

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4127 St. Thomas Ave St., 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME G. Royston Collier If U. S. Veteran specify WAR

(a) Residence: No. 4127 St. Thomas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Augusta Collier

6. DATE OF BIRTH (month, day, year) November 2-1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Raymond B. Collier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Raymond B. Collier
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Sept 24, 1935

19. UNDERTAKER John G. Connelly
(Address) Cathedral & Mulberry

20. FILED Sept 25 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound of brain | |
| c | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 22, 1935

Where did injury occur? 4127 St Thomas Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot in head.

Nature of injury Bullet Wound of brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1914 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

16164

E 16164

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Baltimore and Payson Streets

CITY OF BALTIMORE: (No. German Aged Home St., 90 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME — Catherine Weber

If U. S. Veteran specify WAR .....

(a) Residence: No. German Aged Home (Usual place of abode) St., ..... Ward. .....

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Charles P. Weber

6. DATE OF BIRTH (month, day, year) — May 16 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Maryland

FATHER

13. NAME — Henry Schuchman

14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — Catherine Bertch

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT (Address) — Records German Aged Home Baltimore and Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL — Place Loudon Park Date Sept. 24 19 35

19. UNDERTAKER (Address) — [illegible] 1103 West Baltimore Sts.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Sept. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6- 1935 to Sept 1935

I last saw her alive on Sept 21 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 4 days |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Nephritis | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ethelbert Hemmings M. D.

(Address) 2000 Hollins St

E 16165

16165

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 West Garrison Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida R. Bramble

(a) Residence: No. 3721 W. Garrison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 0 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) East Newmarket (State or country) Maryland

FATHER

13. NAME Edward Bramble

14. BIRTHPLACE (city or town) East Newmarket (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) East Newmarket (State or country) Maryland

17. INFORMANT Mr. M. Frank Henry

(Address) 3721 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive (Roslyn) Date Sept. 25, 1935

19. UNDERTAKER Abel H. Cook

(Address) 1005 West Baltimore St.

20. FILED SEP 27 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935, to Sept 22, 1935.

I last saw her alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemiplegia (right) | Sept 18-35 |
| Arterio-Sclerosis — | over |
| Hypertension. | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard F. Warner M. D.

(Address) 2604 Garrison Blvd.

M. D. B. 1268-9

F 16166

16166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

167

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. McCauley

(a) Residence: No. Rochambeau Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Adele McCauley

6. DATE OF BIRTH (month, day, year) October 17, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal (Wholesale)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brothers Valley Coal Co.

10. Date deceased last worked at this occupation (month and year) Sept. 19, 1935

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph B. McCauley

14. BIRTHPLACE (city or town) Elkridge
(State or country) Md

MOTHER

15. MAIDEN NAME Frances Bush

16. BIRTHPLACE (city or town) Elkridge
(State or country) Maryland

17. INFORMANT Mrs. A. Adele McCauley
(Address) Rochambeau Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 23 1935

19. UNDERTAKER Wm. H. Cook
(Address) 1003 W. Baltimore St.

20. FILED Sept 23 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage caused by Bullet Wound to Left Temple | 9/20/35 |
| | |
| | |
| | |
| Other contributory causes of importance: mentally deranged | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/20, 1935

Where did injury occur? Belvedere Hotel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Room in hotel

Manner of injury Shot himself in L. Temple

Nature of injury Bullet Wound

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orin B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

M. D. F. 1968-9

F 16167

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16167

82-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5402 Elsrode Avenue St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine A. Kimball

(a) Residence: No. 5402 Elsrode Avenue St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry H.Kimball

6. DATE OF BIRTH (month, day, year) Jan. 25th, 1855.

| 7. AGE Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|
| 80 | 7 | 28 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bians

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Carrol

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. E. Baumeister
(Address) 5402 Elsrode Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Sept. 24th, 1935

19. UNDERTAKER George J. Ruth Inc.
(Address) 1735 Harford Avenue

20. FILED Sept 24 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from August 21 1935 to September 22 1935

I last saw her alive on Sept. 22 1935 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 8/21/35 |
| Hemaplegia | |
| Arterio Scherosis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Benj. J. McCleary M. D.

(Address) 400 N. Payson St.

M. D. B 1286-

F 16168

F 16168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Portland St. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. MacDonald

If U. S. Veteran specify WAR Spanish American

(a) Residence: No. 628 Portland St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Josephine Mac Donald

6. DATE OF BIRTH (month, day, year) Dec. 9, 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Gov. 30

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME William MacDonald

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Mary Atkinson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Elroy MacDonald

(Address) Highland Ave. Detroit Michigan

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Sept 24 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address)

F 16169

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16169

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1802 Dukeland St., (Ward) 15

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Thomas

(a) Residence: No. 1802 Dukeland St., ..... Ward. .....
(Usual place of abode) 40 (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Thomas

6. DATE OF BIRTH (month, day, year) June 20th 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 009

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Murray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert Thomas
(Address) 1802 Dukeland St

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date Sept 25 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED SEP 24 1935 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1935

22. I HEREBY CERTIFY, That I attended deceased from April — 1933 to Sept 23 1935

I last saw her alive on Sept 23 1935. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal disease | |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. N. Pullen M. D.

(Address) 304 S. W. North Ave.

F 16170

Nelson

F 16170

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Nelson

(a) Residence: No. 1011 Lombard St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Oct 15th 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 11 | 5 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Nelson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Kate Friedlee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Sept 24th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

SEP 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-14 , 1935, to 9-21 , 1935

I last saw h.. alive on 9-21 — , 1935. Death is said to have occurred on the date stated above, at 12.25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple abscesses of Kidney | ? |
| Acute epididymitis | ? |
| Prostatic abscess | past |

Other contributory causes of importance:

Urethral stricture with fistula retention.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation. ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospital

F 16171

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16171

## CERTIFICATE OF DEATH

X 179 War Veteran

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W.W.

2. FULL NAME Chester Leroy Reynolds

(a) Residence: No. Bel Air, Maryland St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Anna Batch

6. DATE OF BIRTH (month, day, year) August 22, 1898

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 37 | 1 | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ward Construction Co

10. Date deceased last worked at this occupation (month and year) 1 mo. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry E. Reynolds

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alma Alison

16. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 9-24, 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED SEP 24 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 22 1935

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1935 to September 22, 1935

I last saw him alive on September 22, 1935 Death is said to have occurred on the date stated above, at 8:40a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rhus toxicodendron poisoning | 9-2-35 |
| Myocarditis, chronic | 3 yrs |
| Nephritis, diffuse, chronic Coon | 9-15-35 |
| Edema, pulmonary | 9-16-35 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? findi Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Rhus toxicodendron poisoning related to occupation of laborer

(Signed) H L Wollenweber, M. D.

(Address) U.S. Marine Hospital, Baltimore, Md.

M. D. S. 12

F 16172

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16172

93-C

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 W. Baltimore St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth 85 yrs. 1 mos. 13 ds.

2. FULL NAME Frances Ann Harding NO WAR SERVICE

(a) Residence: No. 1828 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: C. Willis Harding

6. DATE OF BIRTH (month, day, year): Aug-7-1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 85 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

13. NAME: Willard Webb

FATHER

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Frances Ann Webb

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Lida H. Harding (daughter)
(Address) 1828 W Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Sept 24 1935

19. UNDERTAKER: Steuart M. Emmart Co.
(Address) 1518 W North Ave.

20. FILED ..... 19.... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935, to Sept 20, 1935

I last saw h[illegible] alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary edema | 1 day |
| Myocarditis | ? 3 yrs |

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. Hanna, M. D.

(Address) 1822 W Baltimore St.

F 16173

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16173

## CERTIFICATE OF DEATH

110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 N. Charles St., 17 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander G. Knight

(a) Residence: No. 2116 N. Charles St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna D. Knight

6. DATE OF BIRTH (month, day, year) July 1, 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 89 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting-Plastering

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. April 1086

10. Date deceased last worked at this occupation (month and year) April 1915

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME John Knight

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. J. O. Knight

(Address) Woodside Road, Ten Hills

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Sept. 24, 1935

19. UNDERTAKER Geo. H. Cook

(Address) 1507 E. Baltimore St.

20. FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep. 16, 1935, to Sep. 23, 1935

I last saw him alive on Sep. 22, 1935. Death is said to have occurred on the date stated above, at 9.04 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Febrinous Pleurisy | Sept 15, 1935 |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) Edmund C. Cassard M. D.

(Address) ~~Ten Hills~~ 514 Drury Lane

F 16174

F 16174

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3153 Stafford St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George N. Beneze

(a) Residence: No. 3153 Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C? Beneze

6. DATE OF BIRTH (month, day, year) July, 24 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery Work Loudon Park Cemetery

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Beneze

14. BIRTHPLACE (city or town) (State or country) Berlin Germeny

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George L. Beneeze
(Address) 3153 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Sept. 24, 1935

19. UNDERTAKER Hoff Brook 1802 West Baltimore St.
(Address)

20. FILED [illegible] Registrar.

SEP 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Sept 21 1935

I last saw him alive on Sept 21 1935 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency | 1 week |
| Hypertension | |
| Other contributory causes of importance: | |
| Cardiac asthma | 2 weeks |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinically Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. T. Lyell M. D.

(Address) 3321 Eutaw

M. D. F. 1268-9

F 16175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16175

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Remington Ave St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hill

(a) Residence: No. 2815 Remington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 6 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Hill.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie Skaggs

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William H. Hill
(Address) 2815 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Date Sept 24 1935

19. UNDERTAKER Edmund F. Kenealy
(Address) 818 Druid Hill Ave.

20. FILED Sept 24 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1935 to Sept 21 1935

I last saw h— alive on Sept 21 1935. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Parenchymatous Nephritis | Sept 6 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. Garland Thomsett M. D.

(Address) 1504 Druid Hill Ave

M. D. F 16176 F 16176

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard A Ward If U. S. Veteran specify WAR

(a) Residence: No. 555 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Ward

6. DATE OF BIRTH (month, day, year) June 10 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME David Edward Ward

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mildred Foster

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Louise Simmons
(Address) 1044 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date Sept 26 1935

19. UNDERTAKER Joseph A. Lively
(Address) 1404 N. Mount Street

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Suppurative Pleurisy Empyema | Sept 18 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L Allen Coroner, M. D.

(Address) 587 Augusta St.

F 16177 F 16177

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mazie Barnett.

(a) Residence: No. 1002 Bennett Place. Ward. Suffolk Virginia

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Separated |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnett

6. DATE OF BIRTH (month, day, year) 6/9/1905.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 30. | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alfred Stainback

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Powell.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Sister Grace Ruffin

(Address) 1002 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place Suffolk Va Date Sept 26, 1935

19. UNDERTAKER Francis A. Hensley

(Address) 578 W Biddle St.

20. FILED , 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1935 to 9/22, 1935

I last saw her alive on 9/22, 1935 Death is said to have occurred on the date stated above, at 11.35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute glomerulo-nephritis & uremia | 2 mos. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

F 16178

F 16178

# HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR none

2. FULL NAME Mrs. Viola Burnham

(a) Residence: No. 4610 Park Heights Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Burnham.

6. DATE OF BIRTH (month, day, year) Dec. 25, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 39 | 8 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Breighner

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Sara Grant

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Charles Burnham
(Address) 4611 Pk. Hgts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/25 1935

19. UNDERTAKER Warren Lemmon
(Address) 4611 Pk. Hgts.

20. FILED 9-25-1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-15-35, 19..., to 9-22-35, 19...
I last saw her alive on 9-22-35, 19... Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralytic Ileus (post op) | 9-20 |
| Diffused Uremia. | |

Other contributory causes of importance: Myocardial Failure

Was an operation performed? yes Date of 9-CP

For what disease or injury? Diffused Uremia

Name of operation Hysterectomy Date of 9-CP

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. F. Stephens M. D.

(Address) Md. Gen. Hosp.

AaCo. 5-31 250B

16179 F 16179

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 W Hamburg St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Wise

(a) Residence: No. 159 W Hamburg St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | Col | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wise

6. DATE OF BIRTH (month, day, year) Aug 15, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Laborer

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Frederick D. Wise

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Catherine Wise

(Address) 159 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 9/24 1935

19. UNDERTAKER Isaiah Brown & Son

(Address) 1018 W Montgomery St

20. FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21/1935

22. I HEREBY CERTIFY, That I attended deceased from 9/15/35, to 9/21/35

I last saw him alive on 9/20/1935 death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/19/35 |

Other contributory causes of importance:

Arteriosclerosis & Sub ac. parenchymatous Nephritis

Name of operation none Date of —

What test confirmed diagnosis? Clinical & Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Bowley M. D.

(Address) 5191 Edmondson Ave

F 16180

M. D. B. 1268-9

F 16180

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Lakein

(a) Residence: No. 5811 Clover Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 22, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 13 1/2 | hours | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Lakein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gertrude Gerstein

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Road Date Sept 24 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1272 Baltimore

20. FILED ..... 19..... ..... Registrar.

SEP 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1935 to Sept 23 1935

I last saw h. alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 8 15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital malformation of heart | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Ruth Finkelstein, M. D.

(Address) Sinai Hospital

F 16181

F 16181

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 838 Carey St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Perry

(a) Residence: No. 838 Carey St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Perry

6. DATE OF BIRTH (month, day, year) Sept 15th 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | Birth Date | entirely | 5 |

OCCUPATION

8. (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Thos Berry

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sadie Perry Daughter
(Address) 838 Carey

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Sept 24 1935

19. UNDERTAKER Mrs. Peter A Elliott & Daughter
(Address) 829 Hamilton Ave

20. FILED SEP 21 1935 19..... [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1935 to 9/20 1935
I last saw him alive on 9/20 1935 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cler. Nephritis | |
| + Aortic Incompetency | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. M. Roberts, M. D.

(Address) 2134 Druid Hill Ave

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

F 16182

F 16182 HEALTH DEPARTMENT—CITY OF BALTIMORE

J 45-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME August M. Frey
(a) Residence: No. 1826 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Frey

6. DATE OF BIRTH (month, day, year) 1-23-1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 8 | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1059
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME August Frey
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Wilhelmina Kirkmann
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 25th, 1935
19. UNDERTAKER George J. Ruth Inc.
(Address) 1735 Harford Avenue

Registrar

FILED SEP 24 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1934, to 9-22, 1935
I last saw him alive on 9-22, 1935 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Jaw | two months |

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Frank Wilson M. D.
(Address) Baltimore City Hosp.

F 16183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16183

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Oberlander

(a) Residence: No. 622 N Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry.

6. DATE OF BIRTH (month, day, year) 10/20/1858.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Mc Aimus Eder

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Rosana Snyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sister

(Address) 622 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Sept 25, 1935

19. UNDERTAKER John A. Mordan

(Address) 3000 E. Balto St.

20. Filed 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1935 to 9/22, 1935

I last saw her alive on 9/22, 1935 Death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 29 days |
| Hypertension | 5 " |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 16184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16184

## CERTIFICATE OF DEATH

1936

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave, St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Jennie Krawetz

(a) Residence: No. Hebrew Home for Aged St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Wolf

6. DATE OF BIRTH (month, day, year) —

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Russia (State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Segmund Feinblatt

(Address) Hebrew Home for the Aged

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel

Date 9/24/35, 19

19. UNDERTAKER Levy Inc

(Address) 1439 Eutaw Pl.

20. FILED 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935, to Sept 24, 1935

I last saw her alive on Sept 24, 1935 Death is said to have occurred on the date stated above, at 12:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Complete Heart Block | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Bronchitis | |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

F 16185

30 4 136

F 16185

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 57 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Eisen

(a) Residence: No. 2213 E Balto St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| 7 | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zelig

6. DATE OF BIRTH (month, day, year) unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Rosenzweig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fabian Hineles

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mt Carmel Date 9/24/35, 19

19. UNDERTAKER Jacob Levy Inc

(Address) 1439 E. Baltimore St

SEP 24 1935, 19 ..... Registrar. .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935 to Sept 23, 1935

I last saw her alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at 8.35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9-19 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Edward P. Bunt M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

F 16186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16186

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 E. Ostend St., 24 Ward)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 25 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine C. Holland

(a) Residence: No. 126 E. Ostend St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry W. Holland

6. DATE OF BIRTH (month, day, year) July 28, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 65 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Reeder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Ann Eberhardt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Henry W. Holland
(Address) 126 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 25, 19 35

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ... 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1934 to Sept 22, 1935

I last saw her alive on Sept 9, 1935. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Mar. 1934 |

Other contributory causes of importance: —

Name of operation — Date of no

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Neil Estelle, M. D.

(Address) 1819 Light St

M. F. B. F 16187 ✓ F 16187

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH Brooklyn 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 5th St., 25 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver B Bennett

(a) Residence: No. 3700 5th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) M. Naomi Bennett

6. DATE OF BIRTH (month, day, year) Nov 7 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 74 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Mardela Springs Wicomico Co Md

FATHER

13. NAME Levin Bennett

14. BIRTHPLACE (city or town) (State or country) Wicomico Co Md

MOTHER

15. MAIDEN NAME Lydia Cooks

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs M. Naomi Bennett
(Address) 3700 5th St Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept 27, 1935

19. UNDERTAKER John F Denny
(Address) 215 Light St

20. FILED ... 19... ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1935, to Sept 21st, 1935

I last saw h.. alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 10½ p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Intestines | |
| Other contributory causes of importance: Hemorrhage Intestines | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Joseph E Richardson M. D.
(Address) 1201 Garrison Blvd

M. D. B. 1268-9

F 16188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16188

## CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 E. Heath St., 23 Ward)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Blacheby

(a) Residence: No. 42 E Heath St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Margaret Blacheby

6. DATE OF BIRTH (month, day, year) Dec 30 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1059

10. Date deceased last worked at this occupation (month and year) 9/18/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Blacheby

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Untemann

16. BIRTHPLACE (city or town) (State or country) London

17. INFORMANT Mrs Mildred Baynes (Daughter)
(Address) 42 E Heath St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept 25 1935

19. UNDERTAKER John F Penny
(Address) 712 Light St

20. FILED ... 19... ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1935 to Sept. 22 1935

I last saw him alive on Sept 22 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/20/35 |
| Other contributory causes of importance: Arteriosclerosis | 1/21/35 |

Name of operation None Date of ...

What test confirmed diagnosis Clinical and there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9/23/35 (Signed) R. L. Campbell, M. D.
(Address) 1644 Hanover St.

M. D. B. 1268-9

F 16189

F 16189

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 W Cross St St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F Wright

(a) Residence: No. 821 W Cross St St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Katherine Wright

6. DATE OF BIRTH (month, day, year): Aug 21, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jerico Harford Co Md

FATHER

13. NAME: Edward K Wright

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Foster

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Martha E Parrish

(Address): 821 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: Sept 25, 1935

19. UNDERTAKER: Bernard G Funk

(Address): 5125 Harford Road

20. FILED ..... 19..... Registrar

Sept 24 1935 at 6 PM

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-22-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/14/35, 19..... to 9/22/35, 19.....

I last saw h..... alive on 9/21/35, 19..... Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Chronic |
| | several |
| | years |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard G Funk, M. D.

(Address) 5125 Harford Road

M. D. B. 1268-9

F 16190

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16190

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5436 Belair Road St., 37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Casper H. Sippel

(a) Residence: No. 5436 Belair Road St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena B. Sippel

6. DATE OF BIRTH (month, day, year) Sept. 17th 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farming

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Pennsylvania

FATHER

13. NAME John Sippel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Susan Finley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lena B. Sippel

(Address) 5436 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Jerusalem Cemetery Date Sept. 26th 1935

19. UNDERTAKER Frederick Lassahn & Sons

(Address) 7401 Belair Road

20. FILED Sept 27 1935 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from August 14 1935 to Sept 23 1935

I last saw him alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 1250 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 1y |
| Arterial Hypertension | 2y |
| Senile Arteriosclerosis | 2y |
| Other contributory causes of importance: Apoplexy and Uremia | 3 da 4 da |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Greenberg M. D.

(Address) 2025 E. North Ave

16191 E 16191

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Glick

If U. S. Veteran specify WAR

(a) Residence: No. Kresson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 8/10/1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Andrew

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9/24 '35

19. UNDERTAKER J. J. Staley Son

(Address) 1318 Light St

20. FILED 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1934 to 9/21 1935

I last saw him alive on 9/21 1935 Death is said to have occurred on the date stated above, at 1.20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Bronchopneumonia | 2 wks |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

16192 E 16192

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 - 21½ St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~ yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Taylor.

(a) Residence: No. 333 - 21½ St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | col | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 22, 30

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | — | .. — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Nelson Mackelden

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Pearle Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Hosp. Date Sept. 24, 30

19. UNDERTAKER ...
(Address)

20. FILED ... 19 ... Registrar.

OCT 1935 ... 1:29 P.M.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22, 19 30

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1930, to Sept 22, 1930
I last saw h— alive on Sept 22, 1930 9:30 P.M. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity - Birth | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) L. A. Johnson M. D.

(Address) 2329 Eutaw St.

Spec.-7-17-26—A Co.—200 Bks.

16193

F 16193

# HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Convent of Our Lady of St Francis

City of BALTIMORE: (No. 2226 Maryland Ave St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Stoll Mother Mary Pascal

(a) RESIDENCE NO. 2226 Maryland Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Religious Sister

6 DATE OF BIRTH (month, day, and year) March 12-1860

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|---|
| | 75 | 6 | 11 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nun 068

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer

9 BIRTHPLACE (city or town) Yorkshire

(State or country) England

PARENTS

10 NAME OF FATHER Hugh Stoll

11 BIRTHPLACE OF FATHER (City or town) Yorkshire

(State or country) England

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mother M. Imelda O.S.F.

(Address) 2226 Maryland Ave.

15 Filed Sept 24 1935 Registrar NKH

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 23 1935

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to September 23, 1935

that I last saw her alive on September 23, 1935

and that death occurred, on the date stated above, at 2.05 P. M.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

Pulmonary Oedema

(duration) ...yrs. ...mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) about 2 yrs. ...mos. ...ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) F. J. Roberts, M. D.

9/23, 1935 (Address) 1117 St Paul St. City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Elizabeth's Hanover Pa. Date of Burial Sept 25 1935

20 UNDERTAKER H. A. Jenkins & Sons Co. ADDRESS 1117 McCulloh & Orchard Sts.

very important. See instructions on back of certificates.

M. D. P. 1268-9

16194

VF 16194

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

71-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH was Balto Gen Hosp

CITY OF BALTIMORE: (No. Baltimore Md. St., 16 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Peterson

(a) Residence: No. 3229 Belmont St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Peterson

6. DATE OF BIRTH (month, day, year) Dec 2, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baltimore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maine
(State or country)

FATHER

13. NAME Frank Brennbacht

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Irma Traupe

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs William Voughler
(Address) 3227 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 26 1935

19. UNDERTAKER John Ulrich
(Address) 2002 Orleans

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1935 to 9/23, 1935

I last saw her alive on 9/23, 1935 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pernicious Anemia | ? |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. Stanfat M. D.

(Address) West Baltimore Gen Hosp

M. D. B 1268-9

16195

✓ F 16195

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Newkirk St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Cora Cletus Yingling

(a) Residence: No. 610 Newkirk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence

6. DATE OF BIRTH (month, day, year) April 16 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Black Rock, Baltimore County (State or country) Maryland

FATHER

13. NAME John Rogers

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Elizabeth Cole

16. BIRTHPLACE (city or town) Balto Co. (State or country) Maryland

17. INFORMANT Mrs. Jennie Brown

(Address) 528 Cresmont

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Sept 26, 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ... 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and Inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis (hypertension) | |

Other contributory causes of importance: Acute myocarditis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. Leonard Yingling, M. D. Coroner

(Address) 1010 S. Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks.

16196 F 16196

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

47-C

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. Oliver ST. 9 WARD)

2-FULL NAME Lillian Ruth Heimiller

(a) RESIDENCE No. 1214 E. Oliver ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 21st, 1910.

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 7 | 22 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 0068

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer Baltimore Public Schools.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Heimiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Emma J. Geidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Emma J. Heimiller
(Address) 1214 E. Oliver St.

15 Filed Sept 24 1935, 19 Huntington Williams, NP Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22nd 1935

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11th, 1934, to Sept. 22nd, 1935

that I last saw h[illegible] alive on Sept 22nd, 1935

and that death occurred, on the date stated above, at 8 45 p.m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma of Mediastinum

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (intercurrent respiratory infection) (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No. —

What test confirmed diagnosis? X-ray of chest

(Signed) A.S. Chalfant M. D.

Sept 25 1935 (Address) 6205 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem | Sept 25 1935 |
| 20 UNDERTAKER John Ulrich | ADDRESS [illegible] |

M. D. B 1268-9

F 16197

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16197

194-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin Paul Greiner

If U. S. Veteran specify WAR .....

(a) Residence: No. 1419 Reynolds St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agusta

6. DATE OF BIRTH (month, day, year) Aug 12 | 92

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Steadily

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Standard Co

10. Date deceased last worked at this occupation (month, day, year) Sept 17 | 11. Total time (years) spent in this occupation 1040

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Greiner

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Theresa Katy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Agust Greiner (Address) 1419 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 9/25 1935

19. UNDERTAKER Maggart & Thomas (Address) 1722 Light St

20. FILED 9-24 1935 Hamilton Hill Registrar. APN

### MEDICAL CERTIFICATE OF DEATH 7 PM

21. DATE OF DEATH (month, day, year) Sept 21st 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon, and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Nor

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 21 1935

Where did injury occur? Pier 5 Clinton St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Hit by steel rails while loading boat

Nature of injury Fractured Skull etc.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1610 S. Ellwood Ave.

M. D. B 1268-9

✓ F 16198

# F 16198 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Montebello Terrace Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Flynn

(a) Residence: No. 2917 Montebello Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Hatcher Flynn

6. DATE OF BIRTH (month, day, year): August 1- 1882

7. AGE: Years 53 | Months | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Flynn

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Kelly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Margaret Flynn
(Address) 2917 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem. Date: Sept. 25 1933

19. UNDERTAKER: Margaret E. Flynn
(Address) 2917 Montebello Terr

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to Sept 22 1933

that I saw h... alive on Sept 22 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset

Other contributory causes of importance:

Hypertension & Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Owen Brewer M. D.

(Address) 4 E 22nd St

M. D. B. 1268-9

F 16199

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16199

## CERTIFICATE OF DEATH

71-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Woodbourne Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Julia Florence Abbott

(a) Residence: No. 705 Woodbourne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 20. 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 70 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher Public School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John W. Abbott

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Hall

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Andrew H. Troeger (exec)

(Address) 1828 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemet Date Sept. 25 1935

19. UNDERTAKER Stephen J. Jones Sons

(Address) 424 E. Broadway

20. FILED Sept 28 1935 Hunter Williams, Registrar. OPEN

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1934 to Sept 23, 1935

I last saw her alive on Sept 22, 1935 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobular | Nov. 34 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Mitral Stenosis | Sept 35 |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jane C. Clarke, M. D.

9.24.35 (Address) Med. Art. Bldg

M. D. B 1268-9

F 16200

F. 16200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 75 yrs. ..... mos. ..... ds.

2. FULL NAME John Keelty

If U. S. Veteran specify WAR .....

(a) Residence: No. 719 E. Biddle St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Keelty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora O'Neil

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary O'Donnell

(Address) 4472 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 23 1935

19. UNDERTAKER Mary M. Kenderdine

(Address) 2201 E. Monument St.

20. FILED Sept 23 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Inguinal hernia | |
| | |
| | |
| | |

Other contributory causes of importance: Shock.

Was an operation performed? Yes Date of Sept. 21-35

For what disease or injury? Strangulated Inguinal hernia.

Name of operation Herniaplasty Date of Sept 21-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Ihlenburg, M. D. Coroner

(Address) 1919 E. North Ave.

16201 F 16201

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 E. 39th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME James F. Nace

(a) Residence: No. 1019 E. 39th St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Nace

6. DATE OF BIRTH (month, day, year): Jan. 13-1873

7. AGE: Years 62 | Months 8 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: Ferdinand Nace

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Susanna Rebecca Fitthame

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Rebecca Nace

(Address) 1019 E. 39th St.

18. BURIAL, CREMATION, OR REMOVAL:

Place: St. Mary's Cemetery Date: Sept. 27. 1935

19. UNDERTAKER: Horace H. Burgee

(Address) 3621 Falls Road

20. FILED ... 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1935 to Sept. 24 1935

I last saw h.... alive on Sept. 22 1935 Death is said to have occurred on the date stated above, at 8.40 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Cerebral Hemorrhage | |
| b. | |
| c. | |
| d. | |

Other contributory causes of importance: Myocardial Insufficiency

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

F 16202 F 16202

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Brantley Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Mantley

(a) Residence: No. 1010 Brantley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 68 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co Va

FATHER

13. NAME John Mantley

14. BIRTHPLACE (city or town) (State or country) Matthews Co Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Matthews Co Va

17. INFORMANT Mary E. Burley
(Address) 1010 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept. 25 1935

19. UNDERTAKER Geo. H. Corkran
(Address) 1601 Druid Hill Ave

20. [illegible]

SEP 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Sept 22, 1935

I last saw him alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Interstitial Nephritis | June 1935 |
| Chronic Bronchitis | June 1935 |
| Mitral Insufficiency | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. H. Young, M. D.

(Address) 1429 E. [illegible]

M. D. D. 1268-A

F 16203

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16203

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1047 Lanvale St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Jones

(a) Residence: No. 1047 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Jones

6. DATE OF BIRTH (month, day, year) Oct 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Brunswick Co Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William L. Jones

(Address) 1047 Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9/25 1935

19. UNDERTAKER Jno. H. Holland

(Address) 1051 Druid Hill Ave

20. FILED ... 19... By ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to Sept 22 1935

I last saw her alive on Sept 22 1935. Death is said to have occurred on the date stated above, at 1.15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | 1933 |
| Other contributory causes of importance: Apoplexy | Sept 22 |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Williams Frey M. D.

(Address) 1928 Penna Ave.

M. D. R. 1263-9

F 16204

16204

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51a

Registered No. .....

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. ..... BALTIMORE, MD. St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grant Guisewhite

(a) Residence: No. 5125 Greenhill Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Guisewhite

6. DATE OF BIRTH (month, day, year) Feb. 29. 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Heater" in Steel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Mill
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER
13. NAME ? Guisewhite
14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER
15. MAIDEN NAME Agnes Moors
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. Roy Guisewhite (Son)
(Address) 5516 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Date Sept. 25. 1935
Place
19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway

FILED Sept 25 1935, 19..... Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1935 to September 21, 1935
I last saw him alive on September 21, 1935. Death is said to have occurred on the date stated above, at 9:40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1a Carcinoma right kidney | |
| Other contributory causes of importance: | |

Name of operation Nephrectomy Date of 9-21-35
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. M. Wasserella M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 16205 F 16205

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 77 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Wallace Rintoo

(a) Residence: No. 5340 Maple Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Myers.

(Address) 5340 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place University Md Date Sept. 25. 1935

19. UNDERTAKER

(Address)

20. FILED SEP 25 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1935, to 9/20, 1935

I last saw him alive on 9/20, 1935 Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day |
| Arteriosclerosis | 5 yrs |
| Senility | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

F 16206

F.M. D. 16206

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1448 Decatur St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Garrett

(a) Residence: No. 1448 Decatur St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Garrett

6. DATE OF BIRTH (month, day, year) March 5 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Garrett

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rudolph Garrett

(Address) 1448 Decatur St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 25 19 35

19. UNDERTAKER Wm Cook

(Address) 1207 St. Paul St

20. FILED SEP 25 1935 19 ..... Huntington Williams Registrar. M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1935 to Sept. 22 1935

I last saw he alive on Sept. 21, 1935. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 10 d. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Hypertension | 1 yr. |
| | |
| | |

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Stanwood Rd

Spec.—0-30—A. & Co.—250 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16207 F 16207

## CERTIFICATE OF DEATH. 159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1719 N. Calhoun ST. 15 WARD)

2-FULL NAME Infant Henry Thomas

(a) RESIDENCE NO. 1719 N. Calh ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | Col | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9/25/35

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | 7 hrs. |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER James D. Thomas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Butler

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Maggie Butler
(Address) 1719 N. Calhoun

15 Filed 25 19 35 Registrar by [illegible]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/35

17

I HEREBY CERTIFY. That I attended deceased from 9/25, 1935, to 9/25, 1935, that I last saw h— alive on Sept. 9—, 1935, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. F. Healey M. D.

9/25 1935 (Address) 1719 N. Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 9/25 1935

20 UNDERTAKER Chas. P. Chase & Son — ADDRESS 638 N. Gilmor

Spec.—9-30—A. & Co.—250 Bks.

16208 F 16208

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

93-C

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1130 West Mulberry St. 18 WARD)

2. FULL NAME Lizzie Harden Hardesty

(a) RESIDENCE NO. 1130 W. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Col | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Shadrack Harding

6 DATE OF BIRTH (month, day, and year) [illegible] 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 51 | 50 | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) Richmond Co. (State or country) Va.

PARENTS

10 NAME OF FATHER Taylor Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Betty Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Shadrack Harding 1130 W. Mulberry

15 Filed ....., 19.... [illegible] Registrar

9 25 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/24/35

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1935, to Sept 24, 1935

that I last saw h[illegible] Alive on Sept. 24, 1935

and that death occurred, on the date stated above, at 6:15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 1 mos. 5 dys.

CONTRIBUTORY (Secondary) Myocarditis Nephritis

(duration) yrs. mos. 10 dys.

18 Where was disease contracted if not at place of death? 4

Did an operation precede death? 2 Date of 3

Was there an autopsy? 3

What test confirmed diagnosis? 3

(Signed) D. J. Hollahan M. D.

9/[illegible], 1935 (Address) [illegible] Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | 9/27 1935 |
| 20 UNDERTAKER | ADDRESS |
| Saml. P. Cease & Son | 638 W. Fulton |

M. D. D 1268-9

F 16209

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16209

## CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Daniels

(a) Residence: No. 636 Portland St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eastern Police Station

(Address) Bank St. near Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem. Date Sept 25, 19 35

19. UNDERTAKER Hunter Funeral Home

(Address) 1700 E. Fayette St.

20. FILED SEP 25 1935, 19 Huntington Mitchell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholism | |

Other contributory causes of importance: Fractured Skull — Subarachnoid Hemorrhage

Was an operation performed? Yes Date of Sept. 7 - 1935

For what disease or injury? Fractured Skull - Intracranial Hemorrhage

Name of operation Decompression Date of Sept 7 - 35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 7, 1935

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street.

Manner of injury Fall to Ground

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenken M. D. Coroner

(Address) 1912 E. North Ave.

Spec.—9-30—A. & Co.—250 Bks

# 16210 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

16210 F 82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Wallbrook Ave St 15 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James G. Tolliver

(a) RESIDENCE NO. 1647 Thomas Ave St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Tolliver

6 DATE OF BIRTH (month, day, and year) June 27 1849

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | 2 | 28 | |

8 OCCUPATION OF DEACESED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Warthen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. J. Tolliver Jr.
(Address) 1647 Thomas Ave

15 Filed SEP 25 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24/35

17

I HEREBY CERTIFY, That I attended deceased for several years, to Sept. 24th, 1935
that I last saw h er alive on Sept. 24th, 1935
and that death occurred, on the date stated above, at 12:25 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) A previous attack 6 Months ago.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At 1647 Thomas Ave

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Entire Clinical picture

(Signed) O. H. Hoffman, M. D.

, 19 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Sept 27 1935

20 UNDERTAKER Martin Bailey & Son

ADDRESS 1827 W. North Ave

M. D. B. 1268-9

16211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16211

## CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4919 Harford Road St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Mencke

(a) Residence: No. 4919 Harford Rd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Not Known 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Henry Mencke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Sonnberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Mencke

(Address) 2424 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 28 1935

19. UNDERTAKER John Ulrich

(Address) 2105 Arlington

20. FILED 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Sept 24 1935

I last saw her alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 5-0 a.m.

The principal cause of death and related causes of importance are as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 9-22-35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic myocarditis | 1933 |
| | |
| | |

Name of operation none Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did Injury occur? none.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury none.

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. L. Gordy M. D.

(Address) 5106 Harford Rd.

16212 F 16212

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 137

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 13 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Elmer E. Beachley

(a) Residence: No. Myersville - Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Laura M. Beachley

6. DATE OF BIRTH (month, day, year) 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 72 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Sept Aug. 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John M. Beachley

14. BIRTHPLACE (city or town) (State or country) Myersville Md.

MOTHER

15. MAIDEN NAME Estelle Wise

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laura Beachley

(Address) Myersville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Myersville Date Sept 27, 1935

19. UNDERTAKER Glachill Co.

(Address) Middletown, Md.

20. FILED Sept 28 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Sept 25, 1935

I last saw h.~~im~~ alive on Sept 25, 1935 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure (Myocardio.) | Sept |
| 3 Hypostatic pneumia | 21, |
| following operation - | 1935 |
| (Prostatectomy) | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 13, 1935

For what disease or injury? Hypertrophy Prostate gland

Name of operation Prostatectomy Date of

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schimpff, M. D.

(Address) 614 W Baltimore St.

M. D. B 1268-9

16213 F 16213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Brentwood St., 12 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Green

(a) Residence: No. 2420 Brentwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah J. Green

6. DATE OF BIRTH (month, day, year) Nov 13, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day..... hrs. or..... min. |
|---|---|---|---|---|
| | 50 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — 007

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (city or town) (State or country) Hanover Co Virginia

MOTHER FATHER

13. NAME George W. Green

14. BIRTHPLACE (city or town) (State or country) Hanover Co Virginia

15. MAIDEN NAME Susan Penney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sara Green

(Address) 2420 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ashland Va Date Sept 26 1935

Hanover Co Va

19. UNDERTAKER T. J. Robert Elliott

(Address) 1129 Carolina St

20. FILED Sept 25 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935 to Sept 22, 1935

I last saw h. alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Pulmonary Tuberculosis | Sept |
| | |
| | |
| | |

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) R. Garland Whayne M. D.

(Address) 1534 Druid Hill Ave

M. D. B. 1936 F 16214 ✓ F 16214

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S Eoppleton St., 18 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Hobbs

(a) Residence: No. 32 S Eoppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 6th 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home duties

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Hobbs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Frances A. Fellinger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Maggie Thomas

(Address) 32 S Eoppleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 9/26/ 1935

19. UNDERTAKER John J. Couglin & Son

(Address) 1901 Wolfe St.

20. FILED ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Sept 23, 1935

I last saw her alive on Sept 23, 19... Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast. | 6 mo |
| Carcinoma of Liver. | 3 mo |
| Carcinoma of Ascites. | 3 mo |

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos Lonton, M. D.

(Address) 5 E Mulberry St

M. D. B. 1268-9

16215 ✓ F 16215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Ramsay St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Heddrich

(a) Residence: No. 2105 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Heddrich

6. DATE OF BIRTH (month, day, year) June 25 - 1871

| 7. AGE Years | Months | Days | If LESS than 1 day.... hrs. or.... min. |
|---|---|---|---|
| 56 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Trucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R R 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Heddrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Klinker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henrietta Heddrich
(Address) 2105 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 9/27 1935

19. UNDERTAKER George L. Schwatka
(Address) 2101 Goodrich Ave

FILED 1935 Huntington P. Willis, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1935 to Sept 23, 1935

I last saw him alive on 9/23, 1935 Death is said to have occurred on the date stated above, at 5.30 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray & Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state how .....

(Signed) E. Stella Hemmeter M. D.

(Address) 3000 Hollins St

M. D. B. 1268-9

16216 F 16216

# 16216 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5131 Mosher St., 14 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Carey

(a) Residence: No. 5131 Mosher St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Carey

6. DATE OF BIRTH (month, day, year) 9-17-1868 Embroeder

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NASH

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME James Curtis

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

MOTHER

15. MAIDEN NAME A. Jones

16. BIRTHPLACE (city or town) (State or country) Embroeder

17. INFORMANT James Carey
(Address) 5131 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/26, 1935

19. UNDERTAKER Thomas E Nelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to Sept 24, 1935

I last saw her alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | Embarrassment |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Anemia | 9/20/35 |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Terminal Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Fahey, M. D.

(Address) 1924 Pennsylvania Ave

M. D. B 1268-9

6217

F 16217

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 N. Mount St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Sharpstein

(a) Residence: No. 1528 Mount St., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17 1993

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | 6 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gloucester Va.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Alice Fulden

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Carrie Tyson
(Address) 1528 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/26 1933

19. UNDERTAKER Thomas C. Kelly
(Address) 1300 Pennsylvania Ave
Huntington Williams, W. Va.

20. FILED 9-27-1933 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 8:30 am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectaris | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Hay Coroner, M. D.

(Address) 1215 Hanover

Spec.—8-16-29—L. F. S.—100 Bks.

F 16218

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16218

48

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 1322 Mosher ST. 16 WARD)

2—FULL NAME Gertrude Tarlton

(a) RESIDENCE NO. 1322 Mosher ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | Colored | married |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of James Tarlton

DATE OF BIRTH (month, day, and year) Nov 25 1901

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 33 | 33 | 9 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Cooking at Home

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Robt. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elsie Molock.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant James Tarlton

(Address) 1322 Mosher St

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24-35

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1935, to Sept 24th, 1935, that I last saw h[illegible] alive on Sept 24th, 1935, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Diagnosis

(Signed) Jas C Carper, M. D.

19 (Address) 1432 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 9/27 1935

20 UNDERTAKER Thomas E. Kelsan

ADDRESS 1303 Pressman St

J 1935 Huntington Progress, Md.

16219 E 16219

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Hyland.

(a) Residence: No. 2670 Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James.

6. DATE OF BIRTH (month, day, year): 6/9/1859.

7. AGE: Years 76. Months 3 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER FATHER

13. NAME: John Edwards.
14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary Glenn
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. John Hyland
(Address) 2670 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Colchester Md Date: Sept 26, 1935

19. UNDERTAKER: Leo G. Crook
(Address) 1703 N. Carey St. Park Ave

Huntington Hills Baltimore, Md.

20. FILED: SEP 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1935 to 9/23, 1935

I last saw her alive on 9/23, 1935 Death is said to have occurred on the date stated above, at 9 15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 4 days |
| Hypertension | 3 |
| Arteriosclerosis | 3 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

16220 ✓ E 16220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Home for Aged of M. E. Church

CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Van Deusen If U. S. Veteran specify WAR No

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Edw Van Deusen

6. DATE OF BIRTH (month, day, year): Sept 19th 1862

7. AGE: Years 73 | Months 0 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home for Aged

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

FATHER

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

13. NAME: John Englar

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

15. MAIDEN NAME: Sarah Cornelius

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Home for Aged of M. E. Church 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Carroll Co Md Date Sept 26 1935

19. UNDERTAKER (Address): Wm Cook 1217 St. Paul St

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 1935 to Sept 24 1935

I last saw her alive on September 24 1935 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic Nephritis

Other contributory causes of importance:

Senility

Was an operation performed? No Date of ✓

For what disease or injury? None

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C Shannon M. D.

(Address) 700 N. Fulton Ave.

M. D. B 1268-9

F 16221

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16221

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Frances Neville

If U. S. Veteran specify WAR .....

(a) Residence: No. 3940 Old Frederick Rd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Nov 14 - 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Boys' Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Clothing Store

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Petosa Wisconsin

FATHER

13. NAME Morris Neville

14. BIRTHPLACE (city or town) (State or country) County Cork Ireland

MOTHER

15. MAIDEN NAME Katherine Walsh

16. BIRTHPLACE (city or town) (State or country) County Cork Ireland

17. INFORMANT Mrs Cecilia Carroll
(Address) 114 Lowndes Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date Sept 26 1935

19. UNDERTAKER H. A. Wagner & Son
(Address) Baltimore, Md.

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subarachnoid haemorrhage | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably accident Date of injury Sept 23 1935

Where did injury occur? Probably in vicinity of 5 Hollins St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Probably Fall. To have struck head

Nature of injury Cerebral haemorrhage

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

M. D. B. 1268-B

F 16222

F 16222

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Old Frederick Road Ward) 20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Yrs.~~ ~~Mos.~~ ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Frank W. Neville

(a) Residence: No. 3910 Old Frederick Road Ward

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan-8-1908

8. AGE: Years 27 | Months 8 | Days 15 | If LESS than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 266

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph F. Neville

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rose E. Boulogne

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Rose E. Neville

(Address) 3910 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Sept. 26, 1935

19. UNDERTAKER P. B. Hoppert & Son

(Address) 1200 Eutaw Place

20. FILED SEP 26 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1935, to Sept. 23, 1935

I last saw alive on Sept. 23, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 7 |
| Other contributory causes of importance: | |
| Cirrhosis of Liver (Hypertrophic) | 7 |
| | 1931 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Alden H. Knowlton M. D.

(Address) 4209 Frederick Ave

M. D. B. 1268-T 16223 E 16223

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 13.1

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Frederick Ave 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Reeves

(a) Residence: No. 3037 Frederick Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon H. Reeves

6. DATE OF BIRTH (month, day, year) May 20-1901

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Philip Edlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie E. Beckmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Vernon H. Reeves

(Address) 3037 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 26 19 35

19. UNDERTAKER O. B. Wickert & Son

(Address) 1200 Eutaw Place

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 1935 to September 23 1935

I last saw her alive on September 23 1935 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | June 16 1935 |
| " " | Sept 23 1935 |
| Hypertension | Unknown |
| Nephritis Chronic Interstitial | Unknown |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elisha W. Johnson M. D.

(Address) 3433 Frederick Ave

M. D. R. 1268-9

F 16224

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16224

## CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 25 Rossville St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life 54-10-3 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Augusta Volkert

(a) Residence: No. 25 Rossville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm. L. Volkert Sr.

6. DATE OF BIRTH (month, day, year): Oct 20-1880

7. AGE: Years 54 | Months 10 11 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Frederick Gross

14. BIRTHPLACE (city or town) (State or country): Balto, Md

15. MAIDEN NAME: Katherine Eckert

16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: Caroline Gracet

(Address) 25 Rossville St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Sept 24, 1935

19. UNDERTAKER: F. B. Heppe & Son

(Address) 13 or Eutaw Place

20. FILED: SEP 26 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to Sept 25, 1935

I last saw h alive on Sept 25, 1935 Death is said to have occurred on the date stated above, at 8:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | mid June |
| cerebral hemorrhage | 4½ mos |
| cardiac decompensation | 2 days |

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) F. T. Lyons, M. D.

(Address) 3321 Fleetwood Ave

F 16225 F 16225

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Druid Hill Ave Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Cox

(a) Residence: No. 2522 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lovett Cox

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic- Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Goldsboro N. C.

MOTHER'S MAIDEN NAME

13. NAME: Needham Grantham

14. BIRTHPLACE (city or town) (State or country): Goldsboro N C

15. MAIDEN NAME: Henderson-

16. BIRTHPLACE (city or town) (State or country): Goldsboro N. C.

17. INFORMANT: Mary E. McLean

(Address) 2522 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 9/26 - 1935

19. UNDERTAKER: Jno Geo H. Hollyday & Sons

(Address) 1601 Druid Hill Ave

19. FILED SEP 26 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1935, to Sept 23, 1935

I last saw her alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar

Bronchopneumonia

Contributory

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Ellis, M. D.

(Address) 924 Madison Ave

M. D. B. 126-5 F 16226 F 16226

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Church Home and Infirmary, Broadway — Registered No. ....

CITY OF BALTIMORE: (No. .... St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Miss Florence C. Forsyth

(a) Residence: No. 1738 East North Avenue St., .... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years About 67 | Months — | Days — | If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros. Co.

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Alexander Forsyth

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ella Coleman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Edwin F. Leister

(Address) 3019 Freestman St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Carmel Date Sept 26 1935

19. UNDERTAKER Wm. J. Tucker & Son

(Address) 1 Wade Ave.

20. FILED SEP 28 1935 .... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1935 to September 24, 1935

I last saw h.e.r. alive on September 24, 1935. Death is said to have occurred on the date stated above, at 7:13 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 9/19/35 2:30 p.m. |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Carcinoma of transverse colon | May 1935 |
| | |
| | |

Name of operation Sim. Ileostomy, Sim. sigmoidostomy, resection of portion of transverse colon Date of 9/20/35

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

.... If so, specify ....

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Inf.

F 16227

# HEALTH DEPARTMENT—CITY OF BALTIMORE

303439

## CERTIFICATE OF DEATH

F 16227

✓ 23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J Hines

(a) Residence: No. 103 S. Bond St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Black. | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/17/08

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer for Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Hines

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jania Hines

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Co Date Sept 29 1935

19. UNDERTAKER Ellroy P Wilson
(Address) 1000 Broadway

20. FILED SEP 29 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935, to Sept. 25, 1935

I last saw him alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tbc Lungs | 1934 |
| Tbc Meningitis | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept. 18, 1935

For what disease or injury? Tbc meningitis

Name of operation Cisternal drainage Date of 9-18-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul A Kimball, M. D.

(Address) The Johns Hopkins Hosp

F 16228

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16228

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Baltimore Ave 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie E. Czarnowsky

(a) Residence: No. 3005 Baltimore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of F. Vernon Czarnowsky

6. DATE OF BIRTH (month, day, year) Nov. 22-1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 10 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry F. Seib.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Mary Schmidt.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT F. Vernon Czarnowsky

(Address) 3005 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Date 9/27/35

19. UNDERTAKER Leonard J. Brophy

(Address) 5504 Harford Rd

SEP 26 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to 9/24, 1935 that I last saw h[illegible] alive on 9/24, 1935 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Other contributory causes of importance: Cerebral Hemorrhage | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Foley M. D.

(Address) 5703 Harford Rd

F 16229

F 16229

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3823 Norfolk ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Shugam

(a) Residence: No. 3823 Norfolk ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, year) 2-22-81

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Optometrist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Shugan

(Address) 3823 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Sinai Date 9/26/35 19

19. UNDERTAKER Jack Louis Lord

(Address) 1439 E. Baltimore st

20. FILED ..... 19..... Registrar.

SEP 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sep. 4 1935 to Sep. 25 1935

I last saw her alive on Sep. 20 1935. Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 3yr |
| Other contributory causes of importance: Arteriosclerosis | 3 yrs |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W J Bayless M. D.

(Address) 2040 Eutaw

M. D. B 1939 P 16230 F 16230

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V + 210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Schafer

(a) Residence: No. Marine Ave. Edgemere, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie B. Schafer

6. DATE OF BIRTH (month, day, year) Dec. 10, 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Armature Winder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME George Schafer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT George F. Schafer (Son)

(Address) Taylor Av. Nr. Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 27 1935

19. UNDERTAKER John F Denny

(Address) 715 Fairmount Ave

20. FILED SEP 26 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | 9/18/35 |
| Injuries | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/18/35 1935

Where did injury occur? Belair Road & Rockaway Beach (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto while walking

Nature of injury Injuries proving fatal

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wilton Bradley Hutchins M. D. Coroner

(Address) 5 W. Preston St.

F 16231 F 16231

# HEALTH DEPARTMENT—CITY OF BALTIMORE

13-C

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hospital 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR X

2. FULL NAME Mary Alice Ayers.

(a) Residence: No. 206 E. Churchill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 5 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 6 mo | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Frank Ayers.

14. BIRTHPLACE (city or town) Alexandria Va.
(State or country)

15. MAIDEN NAME Alberta Jones

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Alberta Ayers
(Address) 206 E. Churchill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 26 1935

19. UNDERTAKER John P. Kenney
(Address) 715 Light St

20. FILED SEP 26 1935 Thurlington Wilkinson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/6/35, 19, to 9/24/35, 19

I last saw h alive on 9/24/35 19 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9/3/35 |
| Hypostatic Pneumonia | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Ware Albertson, M. D.

(Address) Univ. Hospital

D. [illegible] 16232

F 16232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Park Av St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 65 yrs. 0 mos. 0 ds.

2. FULL NAME Mrs. Katie Stewart McEldowney. NO WAR SERVICE

(a) Residence: No. 1607 Bolton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John S McEldowney

DATE OF BIRTH (month, day, year) About 1870

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | About 65 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Daniel S Burgan

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Annie S Fowler

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. S McEldowney

(Address): 1607 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto County Date: Sept 26 1935

19. UNDERTAKER: Stewart & Mooney Co.

(Address): 108 W North Ave.

FILED SEP 26 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Sept 24 1935

I last saw h[illegible] alive on Sept 24 1935. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis — Date of onset

Other contributory causes of importance:

Cerebral arterio sclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr Calvin Streett M. D.

(Address) 9128 Park Ave. Baltimore

F 16233

F. D. 16233

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thos Flater Burris

(a) Residence: No. 2923 Brantley Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Apr 16, 1930

7. AGE: Years 5; Months 5; Days 8; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Raymond A Burris

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary J Flater

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Father 2823 Brantley Rd.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date Sept 26 1930

19. UNDERTAKER (Address): Geo E Beyer Jr 1525 Pulaski St

20. FILED SEP 26 1930 Remarks

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1st, 2nd & 3rd degree burns | |
| & Face & Extremities | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 23, 1935

Where did injury occur? 2923 Brantley Rd Balto

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Playing with matches

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

16234

F 16234

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 29

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Berg Reed

(a) Residence: No. 1507 Mulligan St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Malane

DATE OF BIRTH (month, day, year) April 3, 1890

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of it

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Berg Reed

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date Sept. 26 1935

19. UNDERTAKER Robert K. Gorsuch

(Address) 804 N. Caroline St.

20. FILED SEP 26 1935 By [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935 to Sept 23, 1935

I last saw h alive on Sept 23, 1935 Death is said to have occurred on the date stated above, at 11 20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Chronic Glomerulo-nephritis. | ? |
| 2. Cerebrio of de hemr. | ? |
| 3. arteris-arteriolosclerosis | ? |
| 4. Tuberculous lympa glands | |

Other contributory causes of importance: ? ?

cyste neck

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw H Grossman M. D.

(Address) The Johns Hopkins Hospital

16235 F 16235

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Weinfeld

(a) Residence: No. 1503 E Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Herenty Weinfeld

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sadie Weinfeld

(Address) 1006 E. Fairmount St.

18. BURIAL, CREMATION, OR REMOVAL Mount Carmel Date 9/26 1935

19. UNDERTAKER Jacob Levine & Son

(Address) 1439 E. Baltimore St.

20. FILED SEP 26 1935 Huntington Printing Co.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1935 to Sept 25, 1935

I last saw him alive on Sept 25, 1935 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Bronchial pneumonia | Sept 22 1935 |
| Other contributory causes of importance: Catalepsy | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Gross, M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

✓ F 16236

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16236

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 W. Lexington St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E. Roane

(a) Residence: No. 1035 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 1875

8. AGE: Years: 60 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME OF FATHER: Wm Roane

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Sarah

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Nellie Moulton

(Address): 1035 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion Date: Sept 27, 1935

19. UNDERTAKER: Mrs Katie R. Williams

(Address): 322 N Schroeder St

Huntington Williams

FILED Sept 26 1935, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1935 to Sept 23, 1935

I last saw her alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis — 1 month

Other contributory causes of importance:

Name of operation: Regular — Date of: No

What test confirmed diagnosis: — was there an autopsy?

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Link M. D.

(Address) 1035 W Lexington

M. D. B 1268-9

F 16237

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16237

## CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Hanlon 1111 Fells St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR.

2. FULL NAME Frank Thomas

(a) Residence: No. 1412 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 16 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing house

10. Date decedent last worked at this occupation (month and year) Sept 22

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Meherrin Virginia

FATHER

13. NAME James Flowers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rosella Gregory

16. BIRTHPLACE (city or town) (State or country) Meherrin Virginia

17. INFORMANT Robert Gregory
(Address) 1625 Miller St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mahaffey Va. Date Sept 28th 1935

19. UNDERTAKER Wm. Fox & Elmer Daughtry
(Address) 1129 Carolina St.

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Drowning | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 23 1935
Where did injury occur? Balto, Md, Fell St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fell off the wharf of Ford-Nott Packing Co.
Manner of injury Fell off wharf
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. F. Wright, M. D.
Coroner
(Address) 1005 S. Ellwood Av

I. D. B. 1268-9

✓ F 16238

16238

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4802 Laurel Ave. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 years yrs. mos. ds. How long in U. S. If of foreign birth? 50? yrs. mos. ds.

2. FULL NAME ~~Mrs. Charles Oursler~~ Minnie Oursler No Service

(a) Residence: No. 913 W. Franklin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Oursler

DATE OF BIRTH (month, day, year) About June 23, 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about 69 | | 3 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Clarke

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Leonard

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Wendell A. Herman
(Address) 4802 Laurel Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 9/27/35 19
C. Vernon Lemmon
UNDERTAKER C. Vernon Lemmon.
(Address) 4611 Park Heights.

FILED 8 1935 19 Huntington Wilhelm Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7. 1935 to Sept 24. 1935

I last saw h alive on Sept 24. 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | 2 yrs or more. |

Other contributory causes of importance:

Diabetes.

Name of operation Autopsy, Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 1st Lt. C. Blake M. D.

(Address) Med. Arts. Bldg.

F 16239 F 16239

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St.: 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Salvero

(a) Residence: No. 406 Fawcett St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella . 1877

6. DATE OF BIRTH (month, day, year) 1/28/1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 ~~YE~~ | 7 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~none~~ Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year) 4/50

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Henry Salvero.

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ella Eppley

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Patient.
(Address) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 25, 1935

19. UNDERTAKER Meeman Cook
(Address) 2707 St Paul

FILED 9-26-1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1935 to 9/24, 1935

I last saw him alive on 9/24, 1935 Death is said to have occurred on the date stated above, at 8:45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset about |
|---|---|
| Bronchopneumonia | 10 Days |
| Myocardial insufficiency | 9 mo |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 16240

F 16240

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... X

2. FULL NAME Rosetta McCants

(a) Residence: No. 1317 E. Fayette St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 25 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | — | — | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaac McCants

14. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

MOTHER

15. MAIDEN NAME Irene Griffin

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Isaac McCants

(Address) 1317 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem. Date 9—26—35

19. UNDERTAKER Geo. A. & James W. Wright

(Address) 1220 N. E. Baltimore St

20. FILED Sept 26 1935 Thomas J. Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastro-Enteritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker Coroner M. D.

(Address) 1919 E. North Ave.

M. D. B. 1268-9

16241 F 16241

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

38

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4210 ½ Vermont Ave St., 20 Ward)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Phillips

(a) Residence: No. 4210 ½ Vermont Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Saunders

6. DATE OF BIRTH (month, day, year) Nov 21 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 72 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Bonnie Annie Richmond

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME John B Phillips

16. BIRTHPLACE (city or town) Rungsford Va (State or country)

17. INFORMANT Edward P. Phillips

(Address) 4210 ½ Vermont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Sept. 27, 1933

19. UNDERTAKER John C. Mitchell & Sons

(Address) 19 ... Place Huntington Delaware N.Y.

20. FILED Sept 27 1933 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933 to Sept 30, 1933

I last saw h... alive on Sept 23 - 8-20 P m, 1933. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignancy | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis | over |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Sylvia J. Lawson, M. D.

(Address) 5202 Freeman Rd

E 16242

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16242

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Belvieu Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emelie S. Teichman

(a) Residence: No. 4101 Belvieu Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Max Teichman

7. DATE OF BIRTH (month, day, year) July 28 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 1 | 28 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Egg Harbor New Jersey

13. NAME Otto Buehner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Gude

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minna D. Buehner
(Address) 4101 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Sept 27 1935

19. UNDERTAKER Harry M. Armacost & Son
(Address) 4204 Ridgewood Ave.

FILED SEP 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25 1935

22. I HEREBY CERTIFY, That I attended deceased from about 2 19 to 19
I last saw her alive on 9/25 1935 Death is said to have occurred on the date stated above, at 6.7 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 4 yrs duration |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Henry Russell M. D.
(Address) 3962 Groveland Ave.

F 16243 ✓ F 16243

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46 P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ponce De Leon (P.W. Spergon)

If U. S. Veteran specify WAR.

(a) Residence: No. 1635 E Jeff[illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | widowed |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Philippi DeLeon

7. DATE OF BIRTH (month, day, year) 5-3-1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 4 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Ponto Rico

13. NAME Coneyeo (?)

14. BIRTHPLACE (city or town) (State or country) Ponta Rico

15. MAIDEN NAME Sheregan (?)

16. BIRTHPLACE (city or town) (State or country) Ponta Rico

17. INFORMANT Balto City Hospt

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 9/26 1935

19. UNDERTAKER Jones & Lockard Jr.

(Address) 1212 Pierson St.

FILED SEP 26 1935 Registrar Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1935 to 9-23 1935

I last saw him alive on 9-23 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rectum | ? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Secondary Anemia | ? |
| Inanition | ? |

Was an operation performed? Yes Date of 1-22-35

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of 1-22-35

What test confirmed diagnosis? Symptoms Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Robt. F. Montfort M. D.

(Address) Balto City Hospt

M. D. B. 1268-9

F 16244

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16244

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Arabia Ave. St., 27 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Lewis Meredith (no Veteran)

(a) Residence: No. 4509 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: M. Charlotte Meredith

6. DATE OF BIRTH (month, day, year): Jan 18 1880

7. AGE: Years 55 | Months 8 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: L. Fuller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Notions Jobber Coast

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): London England

13. NAME: Francis Meredith

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Ellen Pardo

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: M. Charlotte Meredith

(Address) 4509 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem. Date Sept 26 35

19. UNDERTAKER: Philip Sterling Sons

(Address) 2016 Orleans St

FILED Sept 27 1935 Registrar. 9/27/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1932 to Sept 23 1935

I last saw h. alive on Sept 23, 35. Death is said to have occurred on the date stated above, at 10-2 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance:

Hypertension and arterio sclerosis

Name of operation ✓ Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Swank, M. D.

(Address) 4706 Hanford Rd

16245 E 16245

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 2 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ....

2. FULL NAME Estella Bowers
(a) Residence: No. Owings Mills St., ... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J Bowers

6. DATE OF BIRTH (month, day, year) March 8- 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 18 | 6 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) Garrison Balto Co
(State or country)
13. NAME Samuel Adams
14. BIRTHPLACE (city or town) Dover Md
(State or country)
15. MAIDEN NAME Mildred Larimore
16. BIRTHPLACE (city or town) Stevenson Md
(State or country)
17. INFORMANT Samuel Adams
(Address) Owings Mills Md
18. BURIAL, CREMATION, REMOVAL
Place Stone Chapel Date Sept 28 1935
19. UNDERTAKER William Cook
(Address) 219 St Paul St
FILED ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935
22. I HEREBY CERTIFY, That I attended deceased from July 16 1935 to September 26 1935
I last saw h.e.r alive on September 26 1935 Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis-perforated | 7/13/35? |
| Diffuse peritonitis | |
| Subdiaphragmatic abscess-left | ? |

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/16/35
For what disease or injury? Acute appendicitis
Name of operation Appendectomy Date of 7/16/35
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert W. Farr M. D.
(Address) University Hospital

C 1935 Huntington, West Virginia, Registrar

F 16246

6246 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4618 York Rd. St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Russo

(a) Residence: No. 4618 York Rd. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: W. Latin | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29 1908

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 2 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Filippo Russo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Palhale

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs Rosa Russo
(Address) 4618 York Rd

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 27 1935

UNDERTAKER John McGrath
(Address) 3000 E. Balto St.

Huntington Md

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/ , 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 , 1930 to Sept 25 , 1935

I last saw him alive on Sept 25 , 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 1 yr ago

Other contributory causes of importance:

Brain Abscess

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr W Johnston , M. D.

(Address) 4618 York Rd

16247 ✓ F 16247

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Robert Louis Kaufman

(a) Residence: No. 1920 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Kaufman

6. DATE OF BIRTH (month, day, year) July 12, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 2 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 61 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Louis Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Hanna Cussing

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. R. L. Kaufman

(Address) 1920 Cecil ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery 9-28-35

Place

19. UNDERTAKER George J. Leffman

(Address) 3401 Frederick ave.

FILED 9-28 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1935, to 9-26 1935

I last saw him alive on 9-26-35, 19 Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

Rupture (inguinal + scrotal) and Diabetes Hernia

Myocarditis

Date of onset

Other contributory causes of importance:

Myocardial failure

Was an operation performed? Yes Date of 9-20-35

For what disease or injury? Hernia

Name of operation Herniaplasty Date of 9-20-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1263-9

F 16248

6248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 428-N. Fremont Ave. Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Marchella Parran

(a) Residence: No. 428-N. Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Parran

6. DATE OF BIRTH (month, day, year) August 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Calvert County Md.

FATHER

13. NAME John Marchelle

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Daisy Boone

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT John J. Parran

(Address) 324 S Diamond St

18. BURIAL, CREMATION, OR REMOVAL

Place Prum. Point Cal Co Md Date Sep. 28, 1935

19. UNDERTAKER Eugene Waters

(Address) 213 N. Pine St.

20. FILED 1935 by Huntington Williams Reg.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9.25.35 19

22. I HEREBY CERTIFY, That I attended deceased from 9.13.35, 19, to 9.25.35, 19

I last saw h er alive on 9.24.35, 19. Death is said to have occurred on the date stated above, at 5.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| gastric ulcer about | June 1935 |
| gastric hemorrhage | 9.25.35 |

Other contributory causes of importance: over

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Parr M. D.

(Address) 865 N. Lexington St.

F 16249

F 16249

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Providents Hospital St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Lewis

(a) Residence: No. 1113 N. Bond St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 1933

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles Lewis Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Wilburn

16. BIRTHPLACE (city or town) (State or country) Balto, Md

INFORMANT Victoria Hall

(Address) 1113 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 9-27- 1933

UNDERTAKER Rogers & Manning & Knight

(Address) 2101 McCulloh St

FILED SEP 27 1933 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20- 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-7- 1933, to 9-20- 1933

I last saw him alive on 9-21- 1933. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Ob Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B. LeCompte, M. D.

(Address) Provident Hosp.

M. D. B. 1268-9

F 16250

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16250

## CERTIFICATE OF DEATH

110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Scott St., 21 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George William Hagner

(a) Residence: No. 309 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Krebs

6. DATE OF BIRTH (month, day, year) Oct 22nd 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Geo. Hagner

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Helen Norman

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Mary E. Hagner

(Address) 309 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9/28/35

19. UNDERTAKER Geo. Weber & Son

(Address) 2502 Edmondson Ave

FILED 9-27-1935 Fenwick Tillett Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1935 to Sept 25th 1935

I last saw him alive on Sept 25th 1935 Death is said to have occurred on the date stated above, at 8.57 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleurisy and Acute Bronchitis | 8-26-35 |
| Broncho-Pneumonia | 9-18-35 |
| | poor |
| Other contributory causes of importance: Malnutrition | Many 1935 |

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jam Hates. M. D.

(Address) 523 Scott St

F 16251 F 16251

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 William St. 24 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Louis Tyler Price

(a) Residence: No. 801 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 31 1935

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | — | — | 26 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Berton Price

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Melba Tyler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Berton Price

(Address) 801 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Sept 27 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED Sept 27 1935 Huntington Williams Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1935 to Sept 26 1935

I last saw him alive on Sept 26 1935 Death is said to have occurred on the date stated above, at 5.58 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Streptococcic Meningitis

Date of onset Sept 24

Other contributory causes of importance:

Otitis Media

Date of onset Sept 22

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Karl Davis & Randall M.D.

(Address) 1 E. Lexington St

M. D. B. 1263-B

F 16252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16252

46-F

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 Mosher St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

2. FULL NAME Mary Ozean Cook.

(a) Residence: No. 2514 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married. |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Louise (Wenty)

7. DATE OF BIRTH (month, day, year) October 25-1872

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 11 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linoleum layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDowell

10. Date deceased last worked at this occupation (month and year) June 1-35

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Berlin (State or country) Germany

13. NAME Robert Cook

14. BIRTHPLACE (city or town) Berlin (State or country) Germany

15. MAIDEN NAME Bertha Wesserman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Louise Cook.

(Address) 2514 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL (Md)

Greenlawn-Westminster 9-29-35

19. UNDERTAKER Geo. Weber & Son.

(Address) 2503 Edmondson Ave.

FILED SEP 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26-, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27-, 1935 to September 26-, 1935

I last saw him alive on Sept-26-, 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Pancreas and Liver. | months |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| none | — |
| | |
| | |
| | |

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland, M.

(Address) 2532 Edmondson Ave.

F 16253

F 16253

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-D

1. PLACE OF DEATH Lyndenham Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Ethel Sergant

(a) Residence: No. 1216 Mt. Royal Ave. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — Sept 14, 1934

DATE OF BIRTH (month, day, year) Sept 25, 1935

| AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 1 | 2 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Stephen Sergant

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

15. MAIDEN NAME Mary Sanders

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother

(Address) 1216 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address)

Filed ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1935, to Sept. 25, 1935

I last saw her alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 5:07 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenzal meningitis | Sept 19 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiphe, Jr., M. D.

(Address) Lyndenham Hospital

M. D. 16254 F 16254

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 124-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3812 Hillsdale Rd St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo V. Foster

(a) Residence: No. 3812 Hillsdale Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) Dec. 20, 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | 11 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Operative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 2 mos ago

11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (city or town) (State or country) Yorkshire Eng. or Md

13. NAME Mr Foster

14. BIRTHPLACE (city or town) (State or country) Yorkshire Eng. or Md

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Balto. City Md

17. INFORMANT Mrs Foster

(Address) 3812 Hillsdale Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date SEP 28 1935

19. UNDERTAKER Leo V. Little

(Address) [illegible] Ave

SEP 27 1935 Attending Physician, M. D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1935, to Sept. 26, 1935

I last saw him alive on Sept. 25, 1935 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sclerosis of liver | 1 yr. |
| Addison's status & dyspepsia of 1 yr. | about |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Dilatation of heart | 1 mo. |
| gen. debility | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. [illegible] M. D.

(Address) 1605 N. Monroe St

F 16255

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16255

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W. 25th St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Goday Stein

(a) Residence: No. 16 N. Patterson Pk. Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Phillip

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Stein Son

(Address) 16 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL Nelson Waxter & Rep. Date 9/27/35 19

19. UNDERTAKER Jos. Louis Inc.

(Address) 1439 E. Baltimore St

20. FILED SEP 27 1935 Registrar Huntington Hathaway, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/35 19

22. I HEREBY CERTIFY, That I attended deceased from June 9, 19.., to Sept 26, 19..

I last saw h.. alive on Sept 26, 19.. Death is said to have occurred on the date stated above, at 11½ P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile arteriosclerosis | [illegible] |
| Cerebral hemorrhage | 9-25-35 |
| Other contributory causes of importance: | |
| Chronic nephritis | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Hale, M. D.

(Address) 1202 W. Saratoga St.

F 16256

Kadyn F 16256

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 N. Collington St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie Levin

(a) Residence: No. 22 N. Collington St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | | | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Heikel Levin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Brinz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rubin Levin
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 9/27/35 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED SEP 27 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/35 19

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to Sept 26 1935

I last saw him alive on Sept 26 1935 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of lungs | |
| Other contributory causes of importance: General metastasis | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Biopsy of gland Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kadyn M. D.

(Address) 2306 Eutaw Place

M. D. F. 1269-9

F 16257

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16257

## CERTIFICATE OF DEATH

346-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 E Chase St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James R. Garaty

(a) Residence: No. 904 E Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 2 1876

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 59 | 7 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn

13. NAME OF FATHER James Garaty

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME OF MOTHER Mary Cagan

16. BIRTHPLACE (city or town) (State or country) Tenn

INFORMANT Miss Mary Garaty

(Address) 904 E. Chase St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 28, 1935

UNDERTAKER Rita Medefield

(Address) 914 Greenmount Ave

Huntington Milliance, W. Va.

FILED 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1935, to Sept 24th, 1935

I last saw him alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Intestines | |
| Other contributory causes of importance: Chr Endocarditis Arteriosclerosis | |

Name of operation Exploratory Date of 9/20

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. M. C. Clarke, M. D.

(Address) 114 Hartford Ave

M. D. B 1268-9

6258

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16258

## CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Thomas F. Ashby

(a) Residence: No. Caton P.O. Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Ashby

DATE OF BIRTH (month, day, year) July 25 1889.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 2 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Club Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Mary Shaw

14. BIRTHPLACE (city or town) (State or country) Mount Airy Md

15. MAIDEN NAME Mary Shaw

16. BIRTHPLACE (city or town) (State or country) Mount Airy Md

INFORMANT John L. Detter

(Address) Colonton Maryland

BURIAL, CREMATION, OR REMOVAL

Place Colonton Md. Date Sept. 29, 1935

UNDERTAKER Mattie Arthur Funeral Home

(Address) 202 Wilkens Avenue

FILED SEP 27 1935 Registrar.

Colonton Maryland

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935, to Sept 26, 1935.

I last saw him alive on Sept 22, 1935. Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ca of Stomach | 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Secondary anemia | 5-35 |
| Cachexia | " " |
| Fecal Obstruction, Acute | 9-26-35 |

Name of operation Gastric Resection Date of 9-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Marx, M. D.

(Address) 1 Eutaw Street

F 16259 F 16259

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James W. Jolly.

(a) Residence: No. 1035 Hanford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Jolly 185

DATE OF BIRTH (month, day, year): May 7

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 4 | 19 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bty Co Pa

13. NAME OF FATHER: William

14. BIRTHPLACE (city or town) (State or country): Bty Co, Pa

15. MAIDEN NAME OF MOTHER: Mary Carey

16. BIRTHPLACE (city or town) (State or country): Bty Co, Pa.

17. INFORMANT: Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Sept. 28 1935

19. UNDERTAKER: Elmer W. Conklin
(Address) 2346 Eager St.

20. FILED [illegible] 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16 1935 to 9/26 1935

last saw h[illegible] alive on 9/26 1935. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Cerebral Hemorrhage | 10 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Kates M. D.

(Address) Balto City Hosp

F 16260 F 16260

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Hamilton

(a) Residence: No. none St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74? | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

13. NAME Wm Hamilton.

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records BCH.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Union Fred Date Sept 27, 1935

UNDERTAKER

(Address)

FILED SEP 27 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 9/25, 1935

I last saw him alive on 9/25, 1935. Death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | ? |
| Arteriosclerosis | ? |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

F 16261

F 16261

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-3-90

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jones.

(a) Residence: No. 804 Sterling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Married |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Jones.

DATE OF BIRTH (month, day, year) 9/15/1870.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipcorker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME James Johnson.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary Noble

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Patient.

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. O Red Date Sept 27. 1935

UNDERTAKER .....

(Address)

FILED SEP 27 1935 Registrar of Vital Statistics

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22. 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/19. 1935 to 9/22. 1935

I last saw him alive on 9/22. 1935 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pericarditis & effusion | ? |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roland A Reitz M. D.

(Address) Balto City Hosp

F 16262

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16262

## CERTIFICATE OF DEATH

34-A-36

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Sheffey

(a) Residence: No. 243 Arlington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9-12-35

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Sheffey

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Mabel Milburn

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mem. Park Date Sept. 27, 1935

UNDERTAKER [illegible]

(Address)

FILED ... 19... [illegible] Registrar.

Huntington Palisades, N.J.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1935 to 9-24, 1935

I last saw h[illegible] alive on 9-24, 1935 Death is said to have occurred on the date stated above, at 6 35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Syphilis | 9-12-35 |
| Other contributory causes of importance: | |
| Septicemia | 9-22-35 |

Was an operation performed? — Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) R B Josey, M. D.

(Address) Baltimore City Hosp.

M. D. B. 1268-9

F 16263

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16263

## CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brecht

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced: (or) WIFE of Wm

DATE OF BIRTH (month, day, year) Oct 18 1847

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | 11 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Albert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Cotters

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records of Aged Home
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Sept 28 1935

UNDERTAKER F. H. Kuhner
(Address) 301 Edmondson Ave Huntington Mathews, Registrar.

FILED 1935, 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1935 to Sept 27 1935

I last saw h alive on Sept 27 1935. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance are as follows:

| | Date of onset |
|---|---|
| Myocarditis | 9/18/35 |

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Joyce M. D.

(Address) 1111 St Paul St. City

16264 HEALTH DEPARTMENT—CITY OF BALTIMORE 16264

95-D

# CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Lancaster St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Chlopicki

(a) Residence: No. 1728 Lancaster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced
HUSBAND of [redacted] of Josephine

6. DATE OF BIRTH (month, day, year) 7th March

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 about | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Mary Kowniecki

(Address) 1728 Lancaster

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 9/30 19 35

UNDERTAKER Wm. Fiaschowski

(Address) 618 East

FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 — 35

22. I HEREBY CERTIFY, That I attended deceased from May 18 — 35 to Sept 26 — 35

I last saw him alive on Sept 26 1935. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Renal disease | 6 mos |

Other contributory causes of importance:

Coma

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of —

What test confirmed diagnosis? Blood sugar Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles Sheer, M. D.

(Address) 408 S Patterson Park Ave

M. D. B. 1939 F 16265 F 16265

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. W Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Balcerowicz (BALCEROWICZ)

(a) Residence: No. 1717 Allendale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Balcerowicz

DATE OF BIRTH (month, day, year) Aug 17-1902

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 1 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Damian Balcerowicz

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Sophie Chojnowska

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Anna Balcerowicz

(Address) 1717 Allendale

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Sept 28 1935

UNDERTAKER William Fiaschetti

(Address) 1618 Eastern Ave

FILED 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/35 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1935 to 9/25 1935

I last saw him alive on 9/25 1935 Death is said to have occurred on the date stated above, at 8:25 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia (Renal) | 9/21 |

Other contributory causes of importance:

Nephrolithiasis } Right
Pyo nephrosis abscess }
Pyo nephritis (Left)

Name of operation Incision & drainage right kidney Date of 9/13/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) West Balto. Gen'l Hosp.

6266 E 16266

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

71-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 257 E Hamburg St. 24 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lavinia Mowbray

(a) Residence: No. 257 E Hamburg St., Ward. Cambridge Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward M Mowbray

6. DATE OF BIRTH (month, day, year) July 7 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 2 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

13. NAME John R Warfield

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Flossie E Frazier

(Address) 257 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Speddens Comm Date Sept 29. 1935

Cambridge Md

19. UNDERTAKER G. L. LeCompte

(Address) Cambridge Md

20. FILED 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 35, 19..., to Sept 26 35, 19... I last saw her alive on Sept 26 35, 19... Death is said to have occurred on the date stated above, at 7.25 p m.

The prinripal cause of death and related rauses of importance were as follows:

Pneumonia Influenza — Date of onset Sept 19 35

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to ocrupation of deceased? No If so, specify

(Signed) Henry B Coward M. D.

(Address) 1102 Light

M. D. B. 1268-9

F 16267

16267 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Bon Secours Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth Brude

(a) Residence: No. 4401 Old York Rd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo Brude

DATE OF BIRTH (month, day, year) Dec 9, 1871

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 1 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo Brude

(Address) 4401 Old York Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 9/28/35

UNDERTAKER Henry F Lutzke

(Address) 4101 Edmondson Ave

FILED SEP 27 1935 Hunterstown Pennsylvania Registrar

A NW

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-35

22. I HEREBY CERTIFY, That I attended deceased from 9-11-35 to 9-25-35

I last saw her alive on 9-25-35. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9-22-35 |

Other contributory causes of importance:

Carcinoma of Pylorous

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Agnes L. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. B 1268-9

F 16268

16268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave & Gilmor St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Gertrude Turner

(a) Residence: No. 1500 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Lawrence Turner

DATE OF BIRTH (month, day, year) Dec 27 1898

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 36 | 37 | 8 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME OF FATHER Charles E Ballard

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME OF MOTHER Josephine Phillips

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Lawrence Turner
(Address) 1500 W Fayette

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 9/28 1935

UNDERTAKER George E Tyler
(Address) 1035 Eastern Ave Fayette

FILED SEP 27 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6. 1935. to Sept 26. 1935.

I last saw he(she) alive on Sept 26. 1935. Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension — Date of onset ...
Hypertensive Cardio-Vascular disease
Chronic Vascular Nephritis

Other contributory causes of importance:

Uremia
Congestive Heart failure
Hemiplegia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas B Yarsley, M. D.

(Address) St Agnes Hospital

H. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16269

## CERTIFICATE OF DEATH

F 16269

94-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N. Ellamont St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Quirk

(a) Residence: No. 1712 N. Ellamont St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

No war Record

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 18 / 1863

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 3 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Sept 25 1935

11. Total time (years) spent in this occupation 70

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Quirk

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Julia T. Murray

(Address) 2147 Huntingdon Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept 28 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 Washington Phillips Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | |

Other contributory causes of importance:

Hardening of the arteries and old age

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1215 Hanover St

F 16270

16270 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

146-3

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 Maryland Ave. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Eugene B. Hiser

(a) Residence: No. 2614 Maryland Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 19-1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

13. NAME John H. Hiser

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Mary A. Hatton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Beulah White

(Address) 2216 Huntington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Sept. 28, 1931

19. UNDERTAKER Wm. C. McKee & Son

(Address) 2334 Jefferson St.

20. FILED 1935 Huntington Millicans, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to Sept 25, 1935

I last saw him alive on Sept 25, 1935. Death is said to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Stomach | 1933 |

Other contributory causes of importance:

Chronic Carcinomatous Cachexia

Was an operation performed? Yes Date of 6/7/34

For what disease or injury? Pyloric obstruction

Name of operation Gastro-enterostomy Date of 6/7/34

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Cakmann, M. D.

(Address) 1716 E. Preston St.

F 16271

M. D. B 1263-9

16271

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V + 59

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida M. Easton

(a) Residence: No. Ellicott City Md. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Easton

6. DATE OF BIRTH (month, day, year) Sept. 7th. 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 0 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Easton (Address) Savage Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date 9-28 1935

19. UNDERTAKER 4 C. Engelbrecht & Edward Ellis (Address) Huntington Williams Inc.

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date at onset

9- 20-35

Diabetic Coma

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

16272 ✓ F 16272

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 E. 28th St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace C. Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 409 E. 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of George G. Morgan

DATE OF BIRTH (month, day, year) Feb 8th 1882

| AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 53 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City + Co. Schools

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Wm Clark

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

15. MAIDEN NAME Margaret E. C. Tolley

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Maud M. Hearn

(Address) 3637 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 28th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23 1935 to Sept 26 1935

I last saw her alive on Sept 26 1935 Death is said to have occurred on the date stated above, at 3-12 PM

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Mitral Regurgitation

Duration of each

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. L. Pickard M. D.

(Address) 520 St Paul St

V F 16273

16273 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Carlins Park, Reisterstown Rd St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank N. Ausburn

If U. S. Veteran specify WAR .....

(a) Residence: Carlins Park Reisterstown, Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary V. Ausburn

DATE OF BIRTH (month, day, year) July 5th 1863

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 2 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Elizabethtown Pa.

13. NAME Francis M. Ausburn

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME McKaown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT R. A. Piper

(Address) Carlin Park

BURIAL, CREMATION, OR REMOVAL

Place Westerna Date Sept 28th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1935 Huntington [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1935 to Sept 26th 1935

I last saw h[illegible] alive on Sept 25th 1935 Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Bladder | |
| Cancer | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 1934

For what disease or injury? Cancer of Bladder

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Weinberg, M. D.

(Address) 3735 Park Heights Ave.

. D. B 1268-9

F 16274

16274

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 Mrs. North St., 15 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. D. Christian

(a) Residence: No. 2651 Mrs. North St., Ward.
(Usual place of abode) 18 years (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed~~ or Divorced (write the word) |
|---|---|---|
| Female | White | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Christian

DATE OF BIRTH (month, day, year) Sept 20-1885

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Prince Edward Co Va

13. NAME OF FATHER William L. Davis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Deanna Dean Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William Christian

(Address) 2651 Mrs. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 9/30 1935

19. UNDERTAKER Wm Cook & Son

(Address) 1217 E Fayette St

20. FILED 9-30 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance High blood Pressure | |
| Corpulency, or too fat | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O Kanzy Coroner M. D.

(Address) 1216 Hanover

H. D. B 1268-9

6275 F 16275

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Edgewood St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence L. Shaffer

(a) Residence: No. 623 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Widowed |

If ~~married~~, widowed, or ~~divorced~~,
HUSBAND of (or ~~WIFE~~ of) Louise Shaffer

DATE OF BIRTH (month, day, year) Nov 16th 1872

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 10 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Obrecht & Son

10. Date deceased last worked at this occupation (month, day, year) Sept 26th 1935

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Reisterstown Md

13. NAME Moses Shaffer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Elizabeth Hildebrant

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Louise L. Shaffer

(Address) 623 Edgewood St

BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Sept 29th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 1935 Washington F. Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) C. Hann M. D.
Coroner

(Address) 1215 Hanover St

M. D. B. 1268-9

16276

F 16276

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 Welcome alley St., 23 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adeline Moore

(a) Residence: No. 135 Welcome alley St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) May 16, 1888

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Michaels Md.

13. NAME Joe Moore

14. BIRTHPLACE (city or town) (State or country) St. Michaels Md.

15. MAIDEN NAME Mary Catherine

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Joe Moore

(Address) 135 Welcome alley

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/27 1935

UNDERTAKER Thomas C. Nelson

(Address) 1303 Presstman St

FILED 1935 Huntington Pettigrew, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Sept 25 1935

I last saw her alive on Sept 25 1935 Death is said to have occurred on the date stated above, at 8.02 m P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Acute Cardiac Dilatation | 9/25/35 |
| 2 Lobar Pneumonia | 9/18/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Howard Jones M. D.

(Address) 615 S Caca St

M. D. B. 1268-9

16277

✓F 16277

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 N. Stricker St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hensan

(a) Residence: No. 1340 Stricker St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hensan

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 34 35 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charlotte N. C.

13. NAME Henry Moore

14. BIRTHPLACE (city or town) (State or country) Charlotte N. C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lillian B. Gordon

(Address) 707 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/30 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 130 Pennsylvania Ave

FILED 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1935 to 9/26 1935

I last saw h.. alive on 9/26 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. M. Curtis M. D.

(Address) 1340 N. Stricker St

H. D. P. 1268-9

16278 F 16278

# 16278 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Presbury St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Queen

(a) Residence: No. 1619 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of William Queen

DATE OF BIRTH (month, day, year) Feb. 22- 1885

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

13. NAME Peter Moshabel

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md

15. MAIDEN NAME Jane Fletcher

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

INFORMANT William Queen

(Address) 1619 Presbury St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/27 1935

UNDERTAKER Thomas E. Nelson

(Address) 1303 Pressteman St

FILED ... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1935, to Sept 25, 1935

I last saw h.er alive on Sept 25, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemiplegia (Central Hemorrhage) 3rd attack first 4 yrs ago — | Sept 25 |
| Other contributory causes of importance: Morbid Tumors due to Cerebral failure in Compensation | |

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. H. Wright M. D.

(Address) 1209 Presteman St

M. D. B 1268-9 47161

✓ F 16279

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16279

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 E Lafayette ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Reeves

(a) Residence: No. 2303 E Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Francis Reeves.

6. DATE OF BIRTH (month, day, year) April 14-1845

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | 5 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Konrad Seitz

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Katherine Ries

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Seitz

(Address) 8303 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Sept 28th 1936

19. UNDERTAKER Leo G. Cook

(Address) 1705 N Patterson Park Ave

FILED 8 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27 1935 to Sept 28 1936

I last saw her alive on Sept 25 1936. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 D

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Krause M. D.

(Address) 1760 Eastern Ave

9/27/36

H. D. B. 1265-9

F 16280

16280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Church Home and Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., 6 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Richard Clark

(a) Residence: No. 8 Streeper St., ..... Ward. Baltimore Maryland

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced
WIFE of (~~or HUSBAND of~~) Mrs. Gusta Clark

DATE OF BIRTH (month, day, year) 1865

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 70 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Sept. 26, 1935

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Son Edgar Clark

(Address) 8 Streeper St.

BURIAL, CREMATION, OR REMOVAL

Place PARKWOOD CEM Date SEPT. 30, 1935

UNDERTAKER John Ulrich

(Address) 2008 Orleans St

FILED 1935 Stanton Williams, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 2 P.M. 1935 to Sept. 26, 5 P.M. 1935

I last saw him alive on Sept. 26, 1935 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized peritonitis (colon bacillus) | Sept, 26. 1935 |
| Other contributory causes of importance: | |
| Rupture at recto-sigmoid through carcinomatous area | Sept 26 1935 |

Name of operation Laparotomy and drainage Date of Sept. 26 '35

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Carlton D. Adams M. D.

(Address) Church Home & Inf.

H. D. B. 1268-9

16281

✓ F 16281

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 327 Smacan St., 26 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Howard Wegener

(a) Residence: No. 327 S. Wacon St., ..... Ward. no wm record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby 12 1913

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 22 | 7 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silversmith do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Willy. Wegener.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Wagenfuhrer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Willy. Wegener

(Address) 327 S Wacon St

BURIAL, CREMATION, OR REMOVAL

Place OAKLAWN CEM Date SEPT 28 1935

UNDERTAKER John Ulrich

(Address) 2001 Eutaw St

FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933 to Sep. 25 1935

I last saw h. alive on Sep 25, 1935 Death is said to have occurred on the date stated above, at 11.10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | from 1933 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm J. Schmidt M. D.

(Address) 6016 Eastern Ave

. D. B. 1268-9

✓ F 16282

16282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2706 Pelham Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August C. Goebel.

(a) Residence: No. 2707 Pelham Ave St., Ward. no mail record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Goebel

DATE OF BIRTH (month, day, year) July 25 1871

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 2 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6yrs.

10. Date deceased last worked at this occupation (month and year) 6 Dec

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ger

13. NAME Geo Goebel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizette

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lula Goebel

(Address) 2706 Pelham Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn, Date Sept 28 1935

UNDERTAKER John Ulbrich

(Address) 2007 Gilmore St

, 19 Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to Sept 25, 1935

I last saw h alive on Sept 25, 1935. Death is said to have occurred on the date stated above, at 8-25 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1934 |
| Chronic Nephritis | 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Infected varicose ulcers | 1933 |
| of both legs. | |

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify no

(Signed) Frank M. Ogden, M. D.

(Address) 270 N. Calvert St

M. D. B 1268-9

6283

F 16283

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Gertrude Quikley

(a) Residence: No. 2419 Brentwoode Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | Col. | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Quikley

7. DATE OF BIRTH (month, day, year) 1880

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ---- Gross

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Geo. Quikley

(Address) 2419 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Longgreen Md Balto Co. Date 9/30/ 1935

19. UNDERTAKER Frances A. Kemsley

(Address) 578 W. Biddle St.

FILED 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Adelsberger, M. D.
Coroner

(Address) 2737 W. North Ave.

M. D. B 1268-9

F 16284

16284

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

183

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in Jones Falls at Fleet St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Patrick McClain

(a) Residence: No. 900 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | widower |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maria

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) North Carolina
(State or country)
13. NAME Unknown
14. BIRTHPLACE (city or town) "
(State or country)
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

INFORMANT Annie Wilkins
(Address) 900 N. Bond St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 9-28-, 1935

UNDERTAKER Bason & Manney W. H. Wright
(Address) 1210 N. Eldersley St

FILED 9-28 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Prior to 9-23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably drowning | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ..., 19...
Where did injury occur? Found in Jones Falls at Fleet St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public harbor.
Manner of injury Unknown
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Wright, M. D.
(Address) 1010 N. Eldersley St. City.

16285 F 16285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital Ward 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Edna Amoss (Amoss)

(a) Residence: No. 4211 Euclid Ave. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

3. If married, widowed, or divorced (or) WIFE of Samuel Amoss

DATE OF BIRTH (month, day, year) Oct. 19 - 1889

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 46 | 45 | 11 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard Co

13. NAME Geo N. Ridgley

14. BIRTHPLACE (city or town) (State or country) Howard Co

15. MAIDEN NAME Matilda Gaither

16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Son

(Address) 4211 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Howard Co Date Sept 29, 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED SEP 28 1935 Huntington Ave & Liberty Heights Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935, to Sept 26, 1935

I last saw h[illegible] alive on 9-26, 1935. Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Failure | |
| Local peritonitis | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Hysterectomy Date of 9-20-35

For what disease or injury? Fibroid tumor & possible malignancy

Name of operation Complete hysterectomy Date of .....

What test confirmed diagnosis Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Fletcher, M. D.

(Address) Hosp

M. D. B. 1268-9

✓ F 16286

6286

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3525 E. Balto St., No Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise E. Lange (no Veteran)

(a) Residence: No. 3525 E. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Lange

7. DATE OF BIRTH (month, day, year) Nov 11 1857

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 78 11 | 10 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Mardaga

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Lange

(Address) 3525 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 30, 1935

19. UNDERTAKER Philip Stirwig Sons

(Address) 2616 Eutaw St.

F 1935 Thurston for Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935 to Sept 26, 1935

I last saw her alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| Nephrosclerosis | |
| | over |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Adam Tod, M. D.

(Address) 4616 Eastern Ave

St. Mary's Trust

F 16287

16287 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

48

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 W 33rd St. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora M. Townsend.

(a) Residence: No. 907 W 33rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Townsend

DATE OF BIRTH (month, day, year) July 16, 1873.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 7 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework. (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME John Jeffers. Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Bull.

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Abbie Miller.
(Address) 907 W 33rd St.

BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Sept 30, 1935

UNDERTAKER Ehrenwerth Son.
(Address) 3615-17 Chestnut Ave.

Huntington Indiana, Nov

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased (from) March 30 1935 (to) Sept 27 1935

I last saw her alive on Sept 15 1935. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | Nov. 1934 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Hunzicker M. D.

(Address) 1401 E 25th St

Spec.—9-30—A. & Co.—250 Bks.

F 16288

16288

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91-a

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 27 10 (WARD)

2. FULL NAME Mrs. Edna MAY Severe

(a) RESIDENCE NO. 5255 ~~Linden Ave~~ ST. Linden Heights Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | married |

6 If married, widowed, or divorced (or) WIFE of Lewis Severe

7 DATE OF BIRTH (month, day, and year) June 30-1897

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | 2 | 27 26 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 10 37

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Oliver Hanguen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lilly Chaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mr. Lewis Severe

(Address) 5255 Linden Heights Ave

Filed Sept 30, 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1935

17

I HEREBY CERTIFY, That I attended deceased from 7-2, 1935, to 9-26, 1935

that I last saw her alive on 9-26, 1935

and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac hypertrophy and decompensation (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George E. Burgtorf M. D.

19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 9/30/1935

20 UNDERTAKER Mr. J. Jeffers & Son

ADDRESS Forest Ave

✓ F 16289

16289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1

Registered No. .....

1. PLACE OF DEATH Univ. Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Watson Bryce

(a) Residence: No. 3014 Grayson St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 3, 1913

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 10 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rowland's Sunk Bath

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Elwin Francis Bryce

14. BIRTHPLACE (city or town) (State or country) Wales.

15. MAIDEN NAME Jane Watson

16. BIRTHPLACE (city or town) (State or country) Wales.

17. INFORMANT Mrs Jane Bryce

(Address) 3014 Grayson St.

18. BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Sept. 30 1935

Place

19. UNDERTAKER Wm. Duckett & Sons

(Address) Noble & Paves.

20. FILED 9-28-1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Sept 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1935, to Sept 27, 1935.

I last saw h... alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Hemorrhage

Due to Typhoid Fever

Date of onset .....

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical + lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. M. Robinson Jr. M. D.

(Address) University Hospital

16290 ✓ F 16290

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Fernhill Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Sarah Phelps

If U. S. Veteran specify WAR

(a) Residence: No. 3822 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Phelps

DATE OF BIRTH (month, day, year) Oct 30 1869

| AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 65 | 10 | 29 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sheperdstown W. Va.

13. NAME Joseph Byers

14. BIRTHPLACE (city or town) (State or country) Sheperdstown W. Va.

15. MAIDEN NAME Susan Kline

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Marguerite F. Phelps

(Address) 3822 Fernhill Ave.

BURIAL, CREMATION, OR REMOVAL

Place Sheperdstown W. Va. Date Sept 29 1935

UNDERTAKER Harry A. Amacker & Son

(Address) 4204 Ridgewood Ave.

FILED 1935 Huntington Williamson, W. Va.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 1935 to Sept 24 1935

I last saw h alive on Sept 24 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Hemiplegia | |
| Left Side | 9/24/35 |

Other contributory causes of importance:

High Blood Pressure 5-7
Extreme Old Age

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. C. Hall M. D.

(Address) 7901 Fairview Ave

6291 F 16291

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-7

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 7.5 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Duracopple

(a) Residence: No. 706 S. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 65 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Records Bet.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Sep 30 1935

UNDERTAKER Wm S. Pialtkowski

(Address) 2007 Eastern ave

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 9/27 1935

I last saw him alive on 9/27 1935 Death is said to have occurred on the date stated above, at 2.35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 5 days |
| Arteriosclerosis | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reiter M. D.

(Address) Balt City Hosp

H. D. H. 1268-9

16292 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ Cert Transcript

F 16292

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Grantley St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie A Heimiller

(a) Residence: No. 767 Grantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Heimiller

7. DATE OF BIRTH (month, day, year) March 13 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 6 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Md

13. NAME Joseph Freigh

14. BIRTHPLACE (city or town) (State or country) Thurmont Md

15. MAIDEN NAME Mary Rouzer

16. BIRTHPLACE (city or town) (State or country) Thurmont Md.

INFORMANT Mrs J. Milton Weber

(Address) 767 Grantley St

BURIAL, CREMATION, OR REMOVAL

Cemetery Thurmont Md Date Sept 28 1937

UNDERTAKER Chas. J. Black

(Address) 412 W North ave

FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 27 1937

I last saw h alive on Sept 26 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 4 days |

Other contributory causes of importance:

Hypertension, cirrhosis kidneys

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) K. V. L. Thurmon M. D.

(Address) 394 Edmondson Ave

M. D. B. 1268-9

F 16293

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16293

186-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ..... Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Lee

(a) Residence: No. 435 Bonsal St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ann

6. DATE OF BIRTH (month, day, year) Aug 11 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 1 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boil

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancastershire England.

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Unknown England

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Dearing

(Address) 170 Libety way Port Vue Pa

18. BURIAL, CREMATION, OR REMOVAL

Place McKeesport Pa Date Sept 28. 1935

19. UNDERTAKER H. Sander & Son Inc

(Address) 1711 Rect St Huntington Williamson

FILED Sept 28 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 25 1935

Where did injury occur? rear 435 Bonsal St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home - while painting house

Manner of injury Fell off scaffold

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

N.P. (Signed) J. W. Wright M. D.
Coroner

(Address) 1105 Elliott St. Inc.

F 16294

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16294

## CERTIFICATE OF DEATH

✓ 110

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Williams

If U. S. Veteran specify WAR.....

(a) Residence: No. 130 S. Dallas St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ×

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| about 49 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint factory, house

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Lizzie Douglas

(Address) 119 N. Pond St

18. BURIAL, CREMATION, OR REMOVAL

Place Osborn Date Sept. 28 1935

19. UNDERTAKER Wobell & Duffel

(Address) 1403 Druid Hill Ave.

20. FILED Sept 28 1935, 19 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sub-acute pericarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| pneumothorax | over |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

A&Co. 5-31 250B

E 16295

16295

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. West St. 23 Ward)

Length of residence in city or town where death occurred 2 yrs. 1 mo. 29 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Matthews

(a) Residence: No. 101 W West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July-27-1933

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 1 | 28 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

18. NAME Leroy Matthews.

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mary Kent

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mary Matthews
(Address) 101 W West

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept. 28 1933

UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Richmond St.

FILED 1933 Huntington Baltimore, Md.
Registrar.

## MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Sept 27, 1933

I last saw h[illegible] alive on Sept 27 1933 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchio Pneumonia | Sept 15 |
| Primary | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Francis M. D.

(Address) 1211 N Fre[illegible]

F 16296

35-10

16296

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wilson If U. S. Veteran specify WAR

(a) Residence: No. 533 N. Stricker St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia

6. DATE OF BIRTH (month, day, year) 7/17/73

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 5 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Louis Wilson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Creasy

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Burkeville Va Date 9/28 1935

19. UNDERTAKER Sam'l W. Chase & Son

(Address) 638 N. Eutaw

Filed 19 35 Registrar

SEP 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Sept 26 1935

I last saw him alive on Sept 26 1935 Death is said to have occurred on the date stated above, at 1000 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Stomach | 1931 |
| Metastasis to the peritoneum | |
| Arteriosclerotic Hypertension | |
| Generalized Arteriosclerosis | |
| Other contributory causes of importance: | |
| Left Sided Hemiplegia from | 1931 |
| paralytic stroke | |

Was an operation performed? Yes Date of 9/12/35, 9/24/35

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy Date of 9/12/35

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David H. Strong Jr. M. D.

(Address) Johns Hopkins Hosp

M. D. B. F 16297 F 16297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 E. Chase Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Pistorio

(a) Residence: No. 2726 E. Chase Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Pistorio

DATE OF BIRTH (month, day, year) Aug. 17th, 1884.

| AGE Years | Months | Days | If LESS than 1 day, hours or ..... min. |
|---|---|---|---|
| 51 | 1 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Pistorio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mazie Mangone

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Angellina Pistorio
(Address) 2726 E. Chase Street

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Sept. 30, 1935

UNDERTAKER George J. Ruth Inc.
(Address) 1735 Harford Avenue

FILED SEP 29 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935 to Sept. 26, 1935

I last saw her alive on Sept. 26, 1935. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-Vascular Renal Disease | 1934 |
| Chronic Interstitial Nephritis | 1934 |
| Uremia | Sept 23-'35 |

Other contributory causes of importance:
Diabetes Mellitus

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank D'Virgilio, M. D.

(Address) 1112 St. Paul St.

F 16298

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16298

## CERTIFICATE OF DEATH

X/53-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lawrence Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Marion Flemming
(a) Residence: No. Cleveland, N.C. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 31 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cleveland N.C.

13. NAME C. C. Flemming

14. BIRTHPLACE (city or town) (State or country) Cleveland N.C.

15. MAIDEN NAME Cline

16. BIRTHPLACE (city or town) (State or country) Cleveland N.C.

INFORMANT Miss Reeves
(Address) Linwood & Greene Sts

BURIAL, CREMATION, OR REMOVAL
Place Lawn Cem. Date Sept 28 1935

UNDERTAKER Mary E. Pittard
(Address) 1 W. Edmondson Ave.

FILED 29 1935 Eugene Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-26-35, 19..., to 9-27-35, 19...
I last saw h— alive on 9-27-35, 19... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor (Probably Malignant) | 9-6-35 |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 9-27-35
For what disease or injury? Brain
Name of operation Excision of Brain Date of 9-27-35
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. L. Hunt M. D.
(Address) Lawrence Hospital

F 16299

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16299

## CERTIFICATE OF DEATH

134-92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Ken Oak St. Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and nomber.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John E. Amos

(a) Residence: No. 2602 Ken Oak Rd St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Sept. 30-1907

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 27 | 11 | 27 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (—) work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardening

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Chas. E. Amos

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rosa E. Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Irene Stockman

(Address) 2602 Ken Oak Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 30. 1935

UNDERTAKER Frank Lyon

(Address) 1501 W. Pratt Ave

FILED Sept 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1935. to Sept. 28 1935.

I last saw him alive on Sept. 27. 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | 9/23/35 |
| Cardiac Stenosis | ? |
| Aortic Regurgitation | ? |
| Acute Nephritis | 9/23/35 |

Other contributory causes of importance:

| | |
|---|---|
| Enlargement of Liver - Jaundice. | 9/23/35 |

Was an operation performed? no Date of work

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Fred L. De Barbieri M. D.

(Address) 4755 Park Heights Ave.

F 16300

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16300

122-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Kern

(a) Residence: No. 26 Augusta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude G. Kern.

DATE OF BIRTH (month, day, year) Feb. 17-1866.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 11 | 10 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman retd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Kern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Reichert

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Gertrude G. Kern
(Address) 26 Augusta Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 30 1935

UNDERTAKER Josiah Pyfer
(Address) 1606 N. North Ave

FILED [illegible] Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 . 1935 to Sept 29 . 1935

I last saw h[illegible] alive on Sept 27 . 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 9/12/35 |
| Other contributory cause of importance: Cardiac failure | 9/26/35 |

Was an operation performed? Yes Date of 9/25/35

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of 9/25/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H C Hull M. D.
(Address) University Hospital

F 16301

F 16301

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5211 St Georges Ave 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Miller

If U. S. Veteran specify WAR Home

(a) Residence: No. 5211 St Georges Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | married |

HUSBAND of (or WIFE of) Adela S. Miller

DATE OF BIRTH (month, day, year) About 1851

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 84 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Wm G. Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Charlotte Hunn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Clarence E White

(Address) Cottageville Md.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 9/30 1935

UNDERTAKER William Cook

(Address) 42 2nd St Huntington W. Va.

SEP 29 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1926, to Sept 28, 1935

I last saw h. alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1926 |
| ~~Cerebral Hemorrhage~~ | |
| Arteriosclerosis | 1935 |
| Other contributory causes of importance: | |
| Acute Cardiac Dilatation | 1 mo |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. N. Bishop M. D.

(Address) 501 Sheridan Ave

M. D. B. 3268-9

F 16302

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16302

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 6 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley W. Morrow If U. S. Veteran ...

(a) Residence: No. 148 N. Elwood Ave St., ... Ward. Specify War ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

a. If married, widowed, or divorced HUSBAND of ... (or) WIFE of ...

DATE OF BIRTH (month, day, year) November 19, 1912

| AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 22 | 10 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) July 1935 † 11. Total time (years) spent in this occupation 7

7. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leon S. L. Morrow

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Nellie I. Dempsey

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Nellie Morrow

(Address) 148 N. Elwood Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 1st 19 35

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED NOV 2 1935 Hunting for Wife Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28 1930

22. I HEREBY CERTIFY, That I attended deceased from August 17 1935 to September 28 1935

I last saw him alive on September 28 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Rheumatic heart disease | |
| 2. Chronic nephritis | |
| 3. Hypertension | |
| 4. Anaemia | |
| Other contributory causes of importance: | |

Name of operation None Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, Specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

S. D. B. 12-19-9 F 16303 F 16303

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH Church Home & Infirmary — Registered No. 37

CITY OF BALTIMORE: (No. Broadway & Fairmount St., East (or West) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds. U. S. Veteran

2. FULL NAME Alexander Fowler — Specify War Wa

(a) Residence: No. 724 Arlington St., Ward. Govans, Md (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE)~~ Fannie O. Fowler

DATE OF BIRTH (month, day, year) Sept 16th 1880

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 0 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Myers & Hicks

10. Date deceased last worked at this occupation (month and year) Aug 13th 1935 — 11. Total time (years) spent in this occupation 14

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Geo. T. Fowler

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Louise D. Seebold

16. BIRTHPLACE (city or town) Balto (State or country) Md

INFORMANT Fannie A. Fowler

(Address) 724 E. Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 30th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED SEP 29 1935 Thos. J. Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935, to Sept 27, 1935

I last saw him alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Aug 15 1935 |
| Hypertensive Cardio Renal Disease | Feb 1935 |
| Other contributory causes of importance: Pulmonary Edema | Sept 25 1935 |
| Atrophy of left Kidney | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon F. Norwood, M. D.

(Address) Church Home & Infirmary

M. D. P. 1268-3

F 16304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16304

## CERTIFICATE OF DEATH

√ 124 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5311 Elsrode St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert McGee

(a) Residence: No. 5311 Elsrode St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary [illegible] McGee

DATE OF BIRTH (month, day, year) Nov. 2. 1877

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 10 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Police Dept

10. Date deceased last worked at this occupation (month and year) 6/1

11. Total time (years) spent in this occupation 6 (6)

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Robert McGee

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Mc Cluskey

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Mary McGee

(Address) 5311 Elsrode ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Sept. 30-31 19

UNDERTAKER Margaret A. Flynn

(Address) 2107 N. Milton st

FILED 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

I HEREBY CERTIFY, That I attended deceased from June 1. 35 to Sept 26 35

I last saw h[illegible] alive on Sept 25. 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver. — Date of onset

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? chem Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Frost Insley M. D.

(Address) 2756 E Balto

F 16305

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16305

46-3

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 Herkimer St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR NO.

2. FULL NAME John Creamer

(a) Residence: No. 2836 Herkimer St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Creamer

DATE OF BIRTH (month, day, year) Sept 22. 1867

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 0 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Produce Dealer Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevens Bros

10. Date deceased last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Creamer

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Metzdorff

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT (Address) Marie S. Roth 2836 Herkimer St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct 1 1935

UNDERTAKER (Address) Mr. & Mrs. John W. Tenfel & Son 901 W. Fayette St.

Registered Oct 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Sept 27 1935

I last saw h. alive on Sept 27 1935 Death is said to have occurred on the date stated above, at 3.45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma stomach | ? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hemorrhage Gastric | 8 days |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. O. Mitchell, M. D.

(Address) 2470 Eastern Ave

M. D. B 1939 F 16306 ✓ F 16306

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 128

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary A Zoeller

(a) Residence: No. ..... St., Ridgewood Rd. Ward Woodlawn Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Zoeller

6. DATE OF BIRTH (month, day, year) Sept. 20. 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME James H. Adams

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Elinor Sheldon

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Lillian Zoeller (Address) Ridgewood Rd. Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL. Order No. ..... Date Sept. 30. 1939

Laid in Park Cemetery

19. UNDERTAKER Frederick Cassimore Sons (Address) 7401 Edgar Road

20. FILED SEP 30 1939 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above. 11.30 a.m.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hemorrhagic Pancreatitis | |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Inflammation & Hemorrhage Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

M. D. P. 268-9 F 16307

F 16307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Jos. McGrath

(a) Residence: No. Lutherville, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12-1869

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 66 | 65 | 7 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Dempsey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J. J McGrath Jr
(Address) Relay Md Balto Co

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/30/35 19

19. UNDERTAKER John T. Dabney & Sons
(Address) 1318 Eutaw St.

20. FILED SEP 30 1935 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 1935 to Sept. 27 1935
I last saw him alive on Sept. 27 1935 Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Chronic Glomerular nephritis | ? |
| Residual Left Hemiplegia | 1 yr |
| Other contributory causes of importance: | |
| Acute Myocardial decompensation | 1 day |

Name of operation None Date of ...

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Damian P. Glavin M. D.

(Address) 3326 Eutaw St

F 16308

F 16308

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Wilmes

(a) Residence: No. 3304 White Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced. HUSBAND of (or WIFE of) Anna E. Wilmes

DATE OF BIRTH (month, day, year) July 31, 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 84 | 1 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter 60 x 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Wilmes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Son

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Sept 30, 1935

UNDERTAKER J. Benjamin Son

(Address) 32 S. Broadway

FILED 19 Registrar.

SEP 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935, to Sept 27, 1935

I last saw h.. alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured diverticulum of Descending Colon, localized Peritonitis, | 10 d |
| Bronchopneumonia, Bilateral | 6 d |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Leyton M. D.

(Address) Mercy Hospital

F 16309

F 16309

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

118

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Albert Frank

(a) Residence: No. Mercy Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Infant |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 28 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Norman Frank

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Haviland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father
(Address) St Vincents Male Orphan Asylum

18. BURIAL, CREMATION, OR REMOVAL St Josephs Cem Texas Md
Date Sept 30 1935

19. UNDERTAKER Chas H Naus & Son
(Address) 1111 Druid Park Drive

FILED Sept 30 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to Sept 28, 1935

I last saw him alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia | 3 wk |
| Pyloro Spasm | 3 weeks |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C A Long M. D.

(Address) Mercy Hospital

F 16310

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16310

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1344 Sheldon Ave. St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Elizabeth Elma Redding

(a) Residence: No. 1344 Sheldon Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced, HUSBAND of (or) WIFE of: William Emory Redding
7. DATE OF BIRTH (month, day, year): May 24-1868
8. AGE: Years 67 Months 4 Days 5 If LESS than 1 day, ..... hrs. or ..... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
11. Date deceased last worked at this occupation (month and year):
12. Total time (years) spent in this occupation:
13. BIRTHPLACE (city or town) (State or country): Baltimore Maryland
14. NAME: James F. Barber
15. BIRTHPLACE (city or town) (State or country): England
16. MAIDEN NAME: Mary Ann Dettis
17. BIRTHPLACE (city or town) (State or country): Germany
18. INFORMANT: Wm. Emory Redding
(Address): 1344 Sheldon Ave.
19. BURIAL, CREMATION or REMOVAL: Place: Druid Ridge Date: Sept. 30. 1935
20. UNDERTAKER: Horace F. Burgee
(Address): 3631 Falls Road

Filed 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1935 to Sept 26 1935

I last saw her alive on Sept 26 1935. Death is said to have occurred on the date stated above, at 8 15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis | 1927 |
| | |
| | |
| Other contributory causes of importance: Arteriosclerosis Pyelonephritis | 1934 |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Thos. McGrath M. D.

(Address) 2435 Mary Land Ave

M. D. B. 1938-9

F 16311

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16311

152

## CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. .... mos. 12 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Alfred Fuller Jr

(a) Residence: No. 1109 N. Broadway St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| M | W | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb. 7, 1927

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | 7 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Alfred Fuller

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Caroline Coates

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Alfred Fuller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin Md Date Oct. 2 1935

19. UNDERTAKER J. W. Bortage

(Address) Berlin Md.

20. FILED ..... 19 ..... Registrar

SEP 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-16-1935 to 9-28-1935

I last saw him alive on 9-28-1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis of Neck & Jaw | 9-14-35 |
| Septicemia | |

Other contributory causes of importance:

Name of operation Incision & Drainage Date of 9-18-35 9-21-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Waesuelle, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 16312 F 16312

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Boswell

(a) Residence: No. 414½ Englside Ave St. ..... Ward. .....

(Usual place of abode) Catonsville Md (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Thersia Boswell

DATE OF BIRTH (month, day, year) June 29, 1885

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | 2 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United St R R

10. Date deceased last worked at this occupation (month and year) Sept 18, 1935

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Judson Boswell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Severns

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wife

(Address) .....

BURIAL, CREMATION, OR REMOVAL Pl. Woodlawn Cem. Date Sept. 30 1935

UNDERTAKER Easton Sons

(Address) Ellicott City

FILED ..... 19 ..... Registrar.

SEP 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935, to Sept 26, 1935

I last saw h.. alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 5:45 p m.

The principal cause of death and related causes of importance were as follows:

Labar Pneumonia — Date of onset Sept 19, 1935

Rheumatic Cardiovascular disease

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C R Taylor M. D.

(Address) Mercy Hospital

F 16313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Carlin Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret A Lindsell

(a) Residence: No. 2205 Carlin Rd St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | M |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert W. Lindsell

DATE OF BIRTH (month, day, year) Jan 18 - 1880

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 5-X | 8 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pinkston Md

13. NAME George Wells

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

INFORMANT Wilbert W Lindsell

(Address) 2205 Carlin Rd

BURIAL, CREMATION, OR REMOVAL

Place Edmondson Ave Date 8/25/35

UNDERTAKER Leonard Murphy

(Address) 5301 Harford Rd

FILED ..... 19 .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Sept 27, 1935

I last saw ..... alive on Sept 27, 1935 Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Aug 1/35 |

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. L. Campbell M. D.

(Address) 1644 Harlem

9/28/35

F 16314 F 16314

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3308 Echodale Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otilia Dorothy Luft
If U. S. Veteran specify WAR

(a) Residence: No. 3308 Echodale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin M. Luft

DATE OF BIRTH (month, day, year) Jan 27 1855

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 80 | 7 | 30 | |

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in whirh work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this ocrupation

12. BIRTHPLACE (rity or town) (State or country) Balto Md

13. NAME Geo M Schneerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Kuntzman

16. BIRTHPLACE (rity or town) (State or country) Germany

17. INFORMANT Bernadette Hefner
(Address) 3008 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem Date 9/30 1935

19. UNDERTAKER Leonard Myerick
(Address) 2105 Harford Rd

FILED SEP 29 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1935 to Sept 26 1935
I last saw h[illegible] alive on 9-26 1935 Death is said to have occurred on the date stated above, at 1125 p.m.

The prinripal cause of death and related rauses of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro-Scleroris | 1 yr |
| Other contributory causes of importance: Cerebral Hemorrhage | 3 Days |

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ... Date of injury ..., 19...
Where did injury ocrur? ... (Specify rity or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward J Cook M. D.
(Address) 4137 Washington

F 16315 ✓ F 16315 .

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

300943 + 56

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lee Brown If U. S. Veteran specify WAR

(a) Residence: No. ..... Centreville St. ..... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | Single |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7-20-18

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 2 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoal Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Kenneth Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place Brownsville Date Oct 1 1935

UNDERTAKER Robert W. Eddins

(Address) Centreville Md

Filed SEP 29 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to Sept 28, 1935. I last saw him alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic carditis | 1932 |
| Cardiac decompensation | 6-10-35 |
| Auricular fibrillation | 8-7-35 |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Septicemia | 9-12-35 |
| Intestinal infarction | 9-27-35 |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edw A Grossman M. D.

(Address) The Johns Hopkins Hospital

M. D. [illegible] F 16316

F 16316

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Parkhurst ar St., 15 Ward)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Minnie Rosenthal

(a) Residence: No. 4213 Parkhurst ar St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Late Benjamin

6. DATE OF BIRTH (month, day, year) 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... Russia
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... Russia
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... Russia
(State or country)

17. INFORMANT Joseph Rosenthal
(Address) 1806 Pinkerton Town Rd

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendship Cemetery Place Date Sept 30 1935

19. UNDERTAKER Sol Levinson Bro
(Address) 1127 E Balto st

20. FILED ..... 19 .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Disease of Heart | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) Coroner's

F 16317 F 16317

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4126 Forest Park ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Segall

(a) Residence: No. 4126 Forrest Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne.

7. DATE OF BIRTH (month, day, year) Jan 21, 1870

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 65 | 8 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lyemanice Poland

13. NAME Solomon Segall

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ephraim Segall

(Address) 3469 Forrest Park ave

18. BURIAL, CREMATION, OR REMOVAL Forest Washington Rd Date Sept 30 1935

19. UNDERTAKER Sol Levinson Bro

(Address) 1122 E Baltimore st

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935, to Sept. 27, 1935

I last saw him alive on Sept. 27, 1935 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 6 yrs. |

Other contributory causes of importance

Age + Exhaustion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Blank M. D.

(Address) 1402 Med Arts Bldg

F 16318 F 16318

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Durham St. St., V Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

(If U. S. Veteran, specify WAR )

2. FULL NAME John J. Freze

(a) Residence: No. 712 S. Durham St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary Freze

DATE OF BIRTH (month, day, year) June 24, 1870.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| ✓ 65 | 3 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm help

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Charles Freze

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Jakubowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Freze (wife)

(Address) 712 S. Durham St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place St. Stanislaus Date Oct 1. 1935

19. UNDERTAKER M. J. Sadowski & Sons.

(Address) 1804 Eastern ave

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935, to Sept. 26, 1935

I last saw him alive on Sept. 26, 1935 Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | Unknown about one year. |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. Athey M. D.

(Address) 2564 St. Paul St.

F 16319

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16319

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E. Federal St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry J. Pottgiesser

(a) Residence: No. 1221 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 12 1870

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 65 | 2 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Co
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Pottgiesser

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Amanda Shreitzer

16. BIRTHPLACE (city or town) (State or country) Balto - Md

INFORMANT Miss Marie Pottgiesser
(Address) 1221 E Federal St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 2 1935

UNDERTAKER Ramsey Hoke & Ramsey Inc.
(Address) 101 E Eager St

FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Sept 27, 1935

I last saw him alive on 9-27, 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 18 Days |
| Other contributory causes of importance: Pulmonary Edema | 2 Days |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Cook M. D.

(Address) 4132 Washington

F 16320

Spec. F-16320

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1606 Normal Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph J. Gannon

(a) RESIDENCE NO. 1606 Normal Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret G Gannon

6 DATE OF BIRTH (month, day, and year) April 8 1874

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 61 | 5 | 20 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager for

(b) General nature of industry, business, or establishment in which employed (or employer) Wm. P. Stone Co

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Gannon

11 BIRTHPLACE OF FATHER (City or town) Ireland

(State or country)

12 MAIDEN NAME OF MOTHER Delia —

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs. Margaret G. Gannon

(Address) 1606 Normal Ave

15 Filed . 19 Registrar

SEP 30 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 28 1935.

17 I HEREBY CERTIFY, That I attended deceased from August 18 1935 to Sept 28 1935

that I last saw h~~im~~ alive on Sept 28 1935

and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

Hypertension. Myocarditis

(duration) yrs. mos. da.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Joseph A. Schumacher M. D.

19 (Address) 1334 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial Oct. 1 1935

20 UNDERTAKER Henry Hoeck Sons, Inc. ADDRESS 1301 E. Eager

M. D. B. 1268-9

F 16321

F 16321

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ X 121

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 24 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Lena H. Hoffman

(a) Residence: No. Towson, Md. St. ..... Ward. .....
(Usual place of abode) 708 Washington Ave, Towson Md (If not resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George F. Hoffman Jr.

DATE OF BIRTH (month, day, year) May 18 1878 9

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 57 | 4 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Nicholas Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Fritz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. George F. Hoffman

(Address) 708 Washington Ave Towson Md

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cmty Date Oct. 3 1935

UNDERTAKER Henry Stock Sons, Inc.

(Address) 301 E. Saratoga St

FILED ..... 19..... Registrar.

OCT 3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 27 1935

22. I HEREBY CERTIFY, That I attended deceased from September 24 1935 to September 29 1935

I last saw her alive on September 29 1935. Death is said to have occurred on the date stated above, at 1550 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Appendiceal abscess | |
| 3. Generalized peritonitis | |

Other contributory causes of importance:

Name of operation appendectomy Date of .....

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Mansmeller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. F 16322

F 16322

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 E. Baltimore St. A 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sophie Adler

(a) Residence: No. 2210 E. Balto. St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Adler

6. DATE OF BIRTH (month, day, year) 1867

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. E. Cooke

(Address) 9302 Putney Rd

18. BURIAL, CREMATION, OR REMOVAL Pikesville Washington Rd. Date 1-30-35 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Diabetic Coma

Was an operation performed? None Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

F 16323

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16323

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4102 Forest Park Ave 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sophie Miller

(a) Residence: No. 4102 Forest Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 58 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

13. NAME Landel

14. BIRTHPLACE (city or town) (State or country) Romania

15. MAIDEN NAME Fagie

16. BIRTHPLACE (city or town) (State or country) Rumania

17. INFORMANT Israel Miller

(Address) 3839 Boarman Ave

18. BURIAL, CREMATION OR REMOVAL

Place Forest Dale Date 9-30- 1935

19. UNDERTAKER Jack Levin Inc

(Address) 1431 E. Baltimore St.

20. FILED 19 Register No.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1932 to 9/28/35 19

I last saw h.. alive on 9/27 19 35 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1926 |
| Chronic Valvular Cardiac disease | 1926 |
| | |

Other contributory causes of importance:

Acute Cardiac Dilatation 3 days

Pneumonia Edema

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene F. Leopold M. D.

(Address) 760 W Hoffgerne Ave

F 16324

203255 Red

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16324

## CERTIFICATE OF DEATH

V 157-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Tarbart

If U. S. Veteran specify WAR

(a) Residence: No. 23 S. Durham St Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | white | Child |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 7, 35

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | - | 3 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Diane Tarbart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Marcella Burnham

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Bonds chapel cem Date Sept 30 1935

UNDERTAKER Martin W. E. Dippel

(Address) 327 S Ann St

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1935 to Sept. 28, 1935

I last saw her alive on Sept. 28, 1935. Death is said to have occurred on the date stated above, at 5-25-P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Undernutrition | birth |
| Diarrhea | |
| Bronchopneumonia | 3 days |

Other contributory causes of importance:

Congenital heart lesion

Cystic media

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Helen Louise Snyder M. D.

(Address) Johns Hopkins Hosp.

F 16325

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16325

93-D

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Conrad Ostermann or Bitter

(a) Residence: No. 128 N. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 13, 1858.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 1 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Patient.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 1 1935

UNDERTAKER Martin Jr. & Dippel

(Address) 37 S. Carey St.

FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/16 1935 to 9/27 1935

I last saw him alive on 9/27 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. B. 12

T 16326

F 16326

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary France

(a) Residence: No. 715 Covington St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles France

6. DATE OF BIRTH (month, day, year): Oct 30 1864

7. AGE — Years: 70 — Months: 10 — Days: 27 — If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none - formerly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machine hand Liberty Lafayette

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Mary Fox daughter

(Address) 715 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: Sept 30. 1935

19. UNDERTAKER: Edward J. Lenny

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Autopsy and find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture left femur - | |
| Diabetes Mellitus | |
| | |
| | |
| | |

Other contributory causes of importance:

Lobular pneumonia -

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 20. 1935.

Where did injury occur? 715 Covington St Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell on floor

Nature of injury Fract left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Edmondson

M. D. B 1268-9

16327 HEALTH DEPARTMENT—CITY OF BALTIMORE 16327

## CERTIFICATE OF DEATH

140-107-0

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Addie Smith Gross

(a) Residence: No. 1713 W. Franklin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Gross

6. DATE OF BIRTH (month, day, year) Nov. 29, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 9 7 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Odenton (State or country) Md.

13. NAME William Smith

14. BIRTHPLACE (city or town) Odenton (State or country) Md.

15. MAIDEN NAME Annie Carter

16. BIRTHPLACE (city or town) Odenton (State or country) Md.

17. INFORMANT Annie Smith

(Address) 1713 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 30, 1935

19. UNDERTAKER Mr. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry & Autopsy (Inquest, Autopsy or Inquiry) said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Puerperal Septicemia | |
| ( Spontaneous Abortion 12 Weeks ) | |
| Broncho-Pneumonia | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) G. Roy Allen M. D.

Coroner

(Address) 22 S. Howard

Spec. 6-9-19 H. P. Co. 1000 Blks.

F 16328

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16328

71-a

## CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 918 Cathedral ST.: 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edward Fessenton

(a) RESIDENCE. No 918 Cathedral ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | — | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) fixing furniture

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER James F. Fessenton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Edgeleaner Fessenton 918 Cathedral

Filed SEP 30 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27. 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 10. 1935. to Sept 27. 1935.

that I last saw h in alive on Sept 27. 1935.

and that death occurred, on the date stated above, at 4.10 p. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. six mos. — ds.

CONTRIBUTORY (Secondary) Gastritis

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No Was Mental

What test confirmed diagnosis?

(Signed) W Grant Scott M. D.

9-30. 1935 (Address) 354 W. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Auburn

DATE OF BURIAL 9/30 1935

UNDERTAKER Mrs. George E. Colwell

ADDRESS 1631 Druid

F 16329

F 16329 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Battery Ave St., 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B. Hornung

If U. S. Veteran specify WAR .....

(a) Residence: No. 1503 Battery St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Divorced |

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| abt. | 72 | - | - | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Caspar Hornung

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Fuller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Hornung

(Address) 1503 Battery

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10/1/35 19

19. UNDERTAKER J. J. Fahey & Sons

(Address) 3[illegible] Lafayette Ave

FILED SEP 30 1935 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935 to Sept 28, 1935

I last saw him alive on Sept. 28, 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/1/35 |
| Other contributory causes of importance: | |
| Exhaustion | 9/27/35 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) H. L. Campbell M. D.

9/30/35 (Address) 1644 Hanover St

M. D. B 1268-9

F 16330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16330

## CERTIFICATE OF DEATH

75

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 716 N. Northpoint H'y St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME James Johnson
(a) Residence: No. South of Hoffstetter Farm St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) Probably widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown had one daughter, residence unknown
6. DATE OF BIRTH (month, day, year) Unknown
7. AGE Years about 45 | Months — | Days — | If LESS than 1 day, .....hrs. or .....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal
10. Date deceased last worked at this occupation (month and year) Unknown (had
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) Unknown, believed to be born in Africa
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) . .
15. MAIDEN NAME . .
16. BIRTHPLACE (city or town) (State or country) . .
17. INFORMANT .....
(Address) .....
18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem. Date Sept 23, 1935
19. UNDERTAKER .....
(Address) .....
20. FILED Sept 23, 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1935
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Probable Chronic Methyl alcohol poisoning

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. W. Wright M. D.
(Address) 1015 Belmont Ave

F 10851

# HEALTH DEPARTMENT—CITY OF BALTIMORE 16331

20492 16331

## CERTIFICATE OF DEATH V 23

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F Orr If U. S. Veteran specify WAR .....

(a) Residence: No. 610 Caton ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

DATE OF BIRTH (month, day, year) 10-9-97

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 11 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 607

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Austen Courtenay

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Mamie Sprinkle

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 2 1935

UNDERTAKER Wm Miles Rues Sons
(Address) North & Mayer

FILED 1935, 19..... Huntington Williams, Registrar, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1935, to Sept 29, 1935

I last saw her alive on Sept 29, 1935. Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous meningitis | Sept 10 |
| Pulmonary tuberculosis | 1933 |
| Tuberculosis of kidney | May 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank T. Grossman, M. D.

(Address) The Johns Hopkins Hospital

F 16332

16332 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roger Nicholas

(a) Residence: No. 120 W Lafayette St., ..... Ward

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Lula W. Dickens

DATE OF BIRTH (month, day, year) April 3 1867

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 5 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morton Outdoor Adv. Co.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Nicholas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Yates

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital records

(Address) .....

BURIAL, CREMATION OR REMOVAL Oct. 2 1935

Place Frostburg Md

UNDERTAKER Wm. J. McInerney Sons

(Address) North & Fulton Aves

FILED Sep 30 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1935 to 9-29 1935

I last saw h[illegible] alive on 9-29 1935. Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart Disease | |
| Cystitis | |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral hemorrhage | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Md Gen. Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

F 16333 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16333

## CERTIFICATE OF DEATH

59

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3011 Northern P Kwy ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Mansell Lewis

(a) RESIDENCE NO. 3011 Northern P Kwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. (Guest) Lewis

6 DATE OF BIRTH (month, day, and year) May 30, 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerical 0009

(b) General nature of industry, business, or establishment in which employed (or employer) Appeal Tax Court

(c) Name of employer Retired

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER William Lewis

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Georgia Hunter

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

Informant Mrs. Mary Lewis

(Address) 3011 Northern P Kwy

Filed ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28, 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 1933, to Sept 28, 1935,

that I last saw h alive on Sept 27, 1935

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis – Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility – Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) O. Walter Grunin M. D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Loudon Park Cem. | Sept. 30 35 |
| 20 UNDERTAKER Wm. J. Fleckner & Sons | ADDRESS Northside |

M. D. Blanks-5 F 16334 ✓ F 16334

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 S. Duncan St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Rose

If U. S. Veteran specify WAR .....

(a) Residence: No. 320 S. Duncan St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept 29 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | 2 hrs. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER FATHER

13. NAME Frank Rose

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Wanda Ostrowski

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs. Wanda O. Rose
(Address) 320 S. Duncan

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 30. 1935

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyanosis neonatorum | |
| (non closure of foramen ovale) | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. W. Wright, M. D.
Coroner

(Address) 141 S. Ellwood Ave

F 16335

16335

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54 Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balt City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Peter Silver

(a) Residence: No. 723 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): single.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 (?) | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Dr. Hartstead

(Address) 9 E. Saratoga St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Cem. Date Dec 30, 1935

UNDERTAKER Gobel & Hartstead

(Address) 9 E. Saratoga St.

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1935 to 9/27, 1935, and I last saw h[illegible] alive on 9/27, 1935. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

16336 F 16336

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 n. Mount St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Smith

(a) Residence: No. 1820 n. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col. | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Jan. 13, 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 76 | 67 | 8 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 12—34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

15. MAIDEN NAME Chanty Beal

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Frank Dorsey

(Address) Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sept. 30 19 35

19. UNDERTAKER Thomas E. Leigh

(Address) Montebello Md

20. FILED Oct. 1 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to Sept. 28, 1935

I last saw h— alive on Sept. 28, 1935 Death is said to have occurred on the date stated above, at 5-55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rectum | ? |
| Other contributory causes of importance: Chronic Valvular Heart | Jan. 1935 |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. C. Page M. D.

(Address) 18 St. Mount

M. D. B 1268-9

16337 F 16337

# 16337 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace H. Warthen

(a) Residence: No. 1513 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Korn Warthen

DATE OF BIRTH (month, day, year) Oct. 5th 1859

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 11 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired- Salesman furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture store

10. Date deceased last worked at this occupation (month and year) Jan 1930

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

13. NAME Horace Warthen

14. BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

15. MAIDEN NAME Augusta Morrison

16. BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

INFORMANT Mrs. Nellie Warthen

(Address) 1513 N. Broadway

BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Oct. 1st 1935

Place

UNDERTAKER A. Cook 1003 West Baltimore St

(Address)

FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12.12 Noon m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of neck of left femur | 7 days |
| Other contributory causes of importance: | |
| Bronchopneumonia | |

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 21 1935

Where did injury occur? 1513 N. Broadway - Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down stairs

Nature of injury Fracture of neck of left femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 East North Ave.

M. D. F. 1268-9

16338

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16338

## CERTIFICATE OF DEATH

46-9

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. ..... BALTIMORE, MD. St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Magdelena or Lena Gleich

(a) Residence: No. 3219 Fleet St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Jul. 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 57 | 11 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Bartholomew Gleich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Agnes Fidobler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. Gleich
(Address) 3219 Fleet st

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Oct 1, 1935

19. UNDERTAKER Lilly Zeiler Son
(Address) 1103 So Wolfe st.

FILED ... 1935 ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1935, to September 28, 1935

I last saw her alive on September 28, 19... Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [redacted] | |
| 2. Generalized visceral metastases | |
| 1. Lympho-sarcoma - probably | |
| Other contributory causes of importance: amazing in retro-peritoneal lymph nodes | |

Name of operation Biopsy omentum Date of 8-15-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. M. Wasserman, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

F 16339

16239

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S. Chester St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen Glenn

(a) Residence: No. 339 S. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Glenn

6. DATE OF BIRTH (month, day, year) April 3 - 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 5 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Richard Burton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Burton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Helen Shiloh

(Address) 339 S. Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Oct 2 35

19. UNDERTAKER Fallon & Zumbrun

(Address) 426 S. Broadway

FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to Sept 29 1935

I last saw her alive on Sept 26 1935 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Nephritis | 1 yr. |
| | over |
| Other contributory causes of importance: Uraemia | 5 days |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward L. Cook M. D.

(Address) 413 N. Washington

16340 F 16340

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3604 E. Lombard St. St., 7b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A Whermann

(a) Residence: No. 3604 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Whermann

7. DATE OF BIRTH (month, day, year) May 12/1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 50 | | 5 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Hom

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Patrick McGaeiney

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Costelo

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. Whermann(Son)

(Address) 3507 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart. Date Oct. 2/35

Place

19. UNDERTAKER Tilly & Zeiler

(Address) 408 Monroe

FILED OCT 1935 Huntington Ave. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 . 19 35 to Sept 27 . 19 35

I last saw h... alive on Sept 28 . 19 35 Death is said to have occurred on the date stated above, at 7am m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 9/25/35 |
| Other contributory causes of importance: | |
| Acute Lobar Pneumonia | Sept 25 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Wolf M.D. . M. D.

(Address) 1500 E. Edmondson Ave
Baltimore

Spec.—1-12-23—M&T—600 Blks.

F 16341

16341

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2018 Madison Ave ST., (WARD)

2-FULL NAME Alberta Richardson

(a) RESIDENCE NO. 2018 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 1873

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer —

BIRTHPLACE (city or town) Md

(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

Informant Edmund Richardson

(Address)

Filed SEP 3 . 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 1935 to Sept 27 1935

that I last saw h alive on Sept 25 1935

and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. S. Coleman M. D.

19 (Address) 213 S Mt Auburn.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Oct 1 19 35

20 UNDERTAKER Jesse R. Riddick

ADDRESS 1536 Ls. Bridge

F 16342 ✓ F 16342

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

111-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Cedardale Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Bumgardner

(a) Residence: No. 3410 Cedardale Road St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W | married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Margaret Bumgardner

6. DATE OF BIRTH (month, day, year) Feb 27-1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Balthasar Bumgardner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Bumgardner (Address) 3410 Cedardale Road

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct. 2 19 35

19. UNDERTAKER Fally-Zeiler Co (Address) Fort & Calvert

FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1935, to Sept 28 1935

I last saw him alive on Sept 28 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 1 day |

Other contributory causes of importance: Bruised leg from fall | 2 wks

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edmund J Kooi M. D.

(Address) H 137 Lexington

M. D. B. 1268-9

F 16343

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16343

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 W. Baltimore St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 10 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorette G. Dowd

(a) Residence: No. 1840 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 18th 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 49 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... 1000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John F. Dowd

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Miss Mary E. Dowd
(Address) 1840 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/30 1935

19. UNDERTAKER John J. Conway & Son
(Address) 701 N. Eutaw St

20. FILED Sep 30 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/1935

22. I HEREBY CERTIFY, That I attended deceased from 9/10- 1935 to 9/28 1935

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Edward Carlin M. D.

(Address) 2145 N. Balto St

Spec.—7-17-26—A Co.—200 Bks.

16344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16344

## CERTIFICATE OF DEATH

× 50

REGISTERED NO. .....

**1-PLACE OF DEATH**

City of BALTIMORE: (No. Union Memorial Hosp. Ward 12)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Mrs Celeste Henkel Smith

(a) **RESIDENCE** NO. 515 N. Wilmington St, St. Ward Raleigh, N.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

3a If married, widowed, or divorced — (or) WIFE of Charles Lee Smith

6 DATE OF BIRTH (month, day, and year) Sept 15, 1885

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 50 | — | 15 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home duties
(b) General nature of industry, business, or establishment in which employed (or employer) 0037
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina
(State or country)

**PARENTS**

10 NAME OF FATHER Lafayette P. Henkel
11 BIRTHPLACE OF FATHER (City or town) N. C.
(State or country)
12 MAIDEN NAME OF MOTHER Annie Grant
13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Mrs Chas Lee Smith
(Address) Raleigh N.C.

15 Filed 1935 — E. 19 — Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH (month, day, and year) Sept 30 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept 30, 1935, that I last saw her alive on Sept 30, 1935, and that death occurred, on the date stated above, at 6:44 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of the breast metastasizing to abdomen & liver
(duration) 6 yr. 2 mos. 0 ds.
CONTRIBUTORY (Secondary) Pericarditis
(duration) ..... yrs. ..... mos. 3 ds.

18 Where was disease contracted
If not at place of death? Unknown.
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Autopsy
(Signed) L. Clagett, Dr, M. D.
9-30-1935 (Address) 215 Northway.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N.C. Date of Burial Oct. 2 1935

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

M. D. B 1268-9

16345 F 16345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2521 Salem St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ronald Hansen

If U. S. Veteran specify WAR

(a) Residence: No. 2521 Salem St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | S |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13-1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) md

13. NAME Geo Hansen

14. BIRTHPLACE (city or town) Balto (State or country) md

15. MAIDEN NAME Elizabeth Crowner

16. BIRTHPLACE (city or town) Balto (State or country) md

INFORMANT Elizabeth Hansen

(Address) 2521 Salem St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Oct 1, 1935

UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

FILED 1935 Huntington Phillips Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchopneumonia | Sept 27 1935 |
| | |
| | |
| | |

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. J. Allen Coroner, M. D.

(Address) 507 Augusta St

F 16346

6346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2697 Dulaney St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Petty

If U. S. Veteran specify WAR No

(a) Residence: No. 2697 Dulaney St., ..... Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

DATE OF BIRTH (month, day, year) Aug 12th 1881

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 1 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Petty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Mc Donald

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT W. S. Petty

(Address) 2697 Dulaney St

BURIAL, CREMATION, OR REMOVAL

PLACE Cathedral Cemetery Date Oct 1st 1935

UNDERTAKER Merriam Cook

(Address) 1213 St Paul Street

FILED 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935 to Sept 29, 1935

I last saw h— alive on Sept 28, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | 2 yrs |
| Terminal Lobar Pneumonia | |
| Pulmonary Embolism | |

Other contributory causes of importance: Non

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H H Pearce M. D.

(Address) 2105 Chase St

F 16347

16347

# HEALTH DEPARTMENT—CITY OF BALTIMORE

23

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No

2. FULL NAME Harry Buckey

(a) Residence: No. 3603 Guyan St. Falls Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Annetta K Buckey

6. DATE OF BIRTH (month, day, year) Mar 15th 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 6 | 14 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0086
10. Date deceased last worked at this occupation (month and year) Sept 10th 1935
11. Total time (years) spent in this occupation 20
12. BIRTHPLACE (city or town) (State or country) Beverly W. Va.
13. NAME Alpheus Buckey
14. BIRTHPLACE (city or town) (State or country) Beverly W. Va.
15. MAIDEN NAME Elizabeth Daniels
16. BIRTHPLACE (city or town) (State or country) Beverly W. Va.
17. INFORMANT Nellie B. Diffenderfer
(Address) 3603 Guyan Falls Pkwy
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 1st 1935
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st
20. FILED Oct 1 1935 Huntington Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935 to Sept 29, 1935
I last saw h[illegible] alive on Sept 29, 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Duration of each |
|---|---|
| Pitotreal Pulmonary Tuberculosis | 8/24/35 |
| Tuberculosis Enteritis | 9/12/35 |
| Intestinal Obstruction | 9/29/35 |
| Cardiac failure | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Sept 29, 1935
For what disease or injury? Intestinal Obstruction
Name of operation Release Adhesions Date of 9/12
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul Schonfeld M. D.
(Address) Inverness Hotel

F 16348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16348

122-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Univ Hospital

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Burton (Burton) If U. S. Veteran specify WAR .....

(a) Residence: No. 2606 Lehmann St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Burton

DATE OF BIRTH (month, day, year) Nov. 13. 1867

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 67 | 10 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore R. R. Co.

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER William Burton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Unknown ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Emma C. Burton

(Address) 2606 Lehmann St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct. 1- 19 35

19. UNDERTAKER H. B. Rippert & Son

(Address) 1300 Eutaw Place

20. FILED Sept 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27/35

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1935, to 9/27/35 19.....

I last saw h.. alive on 9/27/35 Death is said to have occurred on the date stated above, at 7 00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 9/24 |
| Other contributory causes of importance: Intestinal Obstruction | 8/24 |

Was an operation performed? Yes Date of 9/24

For what disease or injury? Intestinal Obstruction

Name of operation Intestinal Anastomosis Date of 9/24

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. McKitrick M. D.

(Address) Univ. Hosp.

1935

FEESER F 16349

F 16349

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 139-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH: University Hospital
CITY OF BALTIMORE: (No. Redwood & Greene St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None.

2. FULL NAME: Mrs. Carl E. Feeser

(a) Residence: No. Woodlawn, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | MARRIED |

6. If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of Carol J. Feeser

DATE OF BIRTH (month, day, year) Sept. 8-1898

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 37 | — | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Aug 1933
11. Total time (years) spent in this occupation 15 yrs

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John H. Ekperk

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. Mailes

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Carol J. Feeser (Address) 3 Thorn Terrace, Woodlawn, Md.

BURIAL ... Date Oct. 2- 1935
Woodlawn

UNDERTAKER Horace F. Burgee (Address) 3631 Falls Road

FILED ... 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th 1935 to Sept 25 1935

I last saw her alive on Sept 24 9 1935 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:
Toxaemia and collapse following operation — Date of onset: about 1

Other contributory causes of importance:
Salpingitis

Was an operation performed? Yes Date of Sept 27, 1935

For what disease or injury? Pelvic disease

Name of operation Bilat Sal Oopht & Hysterect Date of 9/27/35

What test confirmed diagnosis? Oper Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis Woodward Jr. M. D.

(Address) University Hosp.

M. D. F 1[illegible]

F 16350

GUDEMAN

F 16350

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 164-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Cathedral St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ezra R. Gudeman

(a) Residence: No. 506 Cathedral St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Divorced |

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Hubbard

DATE OF BIRTH (month, day, year) Unknown

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| ✓ 64 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Sadie V Gudeman

(Address) 302 Albemarle Rd

18. BURIAL, CREMATION OR REMOVAL

Place Druid Ridge Date Oct. 1 1935

19. UNDERTAKER Horace G. Burgee

(Address) 3631 Falls Road

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gas Poisoning (Illuminating) | 9/28/35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/28 1935

Where did injury occur? 506 Cathedral (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home - rooming house

Manner of injury ...

Nature of injury Put gas hose in mouth

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas B Wallace M. D. Coroner

(Address) 1031 St. Paul St

M. D. D. 1268-2

F 16351

F 16351

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 210-M

Registered No. .....

1. PLACE OF DEATH: Union Memorial Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Matilda Norris Cornthwaite U. S. Veteran (specify WAR .....)

(a) Residence No. Locust Place Mt Washington Md Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert B Cornthwaite

6. DATE OF BIRTH (month, day, year): May 3 - 1866

7. AGE: Years: 69 | Months: 6 | Days: 27 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home of 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

13. NAME: Hugh Jones

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md

15. MAIDEN NAME: Jennie Norris

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Robert B Cornthwaite

(Address): Retirement Home Mt Washington

18. BURIAL, CREMATION, OR REMOVAL: Date 9-30-35

Place: Forest Cemetery

19. UNDERTAKER: R. S. Marshall

(Address): 3239 Falls Rd

FILED ..... 19 .....

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/28/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) and from the evidence thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9/28/35

Where did injury occur? Falls Road near Lake Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury, while working on

Nature of injury Side of Road

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gourley (Coroner) M. D.

(Address) 617 N Charles St

F 16352

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16352

## CERTIFICATE OF DEATH

✓ 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 72 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Johanna Rollins

(a) Residence: No. Warner & Montgomery Sts. 825 Warner St Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 70 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME George Hedge

14. BIRTHPLACE (city or town) (State or country) U.S. Co. Md.

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) U.S. Co. Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 10/1/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 516 W. Biddle St.

20. FILED 16 Register No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1935 to 9/26 1935

I last saw h[illegible] alive on 9/26 1935 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach (?) | 1yr. |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify.

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. B. 1268

16353

Derry

F 16353

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Biddle St., 17 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Emma Dery

(a) Residence: No. 524 N. Biddle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C. | Widowed |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Dery

DATE OF BIRTH (month, day, year) 1860

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 75 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT (Address) Jennie Palmer 524 W. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 10/2/ 1935

UNDERTAKER (Address) Frances A. Hensley 578 W. Biddle St.

FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935 to Sep. 29, 1935

I last saw h[illegible] alive on Sep. 29. 1935. Death is said to have occurred on the date stated above, at 1/45 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | ? 1 |
| Other contributory causes of importance: | |
| old age. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Yeatley, M. D.

(Address) 1236 Druid Hill Ave

F 16354

F 16354

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 912 S. Carey St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATE FIELDS

If U. S. Veteran specify WAR

(a) Residence: No. 912 S. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 6, 1870

| AGE ✓ | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 2 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William H. Fields

14. BIRTHPLACE (city or town) Washington
(State or country) D. C.

15. MAIDEN NAME Maria Forteney

16. BIRTHPLACE (city or town) York
(State or country) Pa.

INFORMANT Mrs. Maria Daum Fields
(Address) 912 S. Carey Street

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Oct 2 1935

UNDERTAKER Joseph H. Cooke
(Address) 1005 West Baltimore St

FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 13, 1935 to September 29, 1935

I last saw her alive on September 29, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis | |
| Chronic Interstitial Nephritis | |
| Other contributory causes of importance: | |
| Arterio Sclerosis | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Morley Stoag, M. D.

(Address) 729 Washington Blvd.

F 16355 F 16355

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Mosher St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William R. Cooke

(a) Residence: No. 3121 Magnolia Ave. St., English Consul Md Ward.....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla H. Cooke

DATE OF BIRTH (month, day, year) June, 18 1864

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 71 | 3 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) ~~July 1930~~

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) King & Queen Co., Va.

13. NAME William Cooke

14. BIRTHPLACE (city or town) (State or country) King & Queen Co. Va.

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) King & Queen Co. Va.

INFORMANT (Address) Harold G. Schmickley 2413 Mosher Street

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Oct. 1st, 19 35

UNDERTAKER (Address) 1003 West Baltimore St.

FILED ....., 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29" 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1935 to Sept 29, 1935

I last saw h[illegible] alive on Sept 29, 1935 Death is said to have occurred on the date stated above, at 3.20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio vascular Lung | 3yrs |
| Brights Lung | 1yrs |
| | [illegible] |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Insufficiency | 1 da |
| C.P.C. of Fatal Type | 3 da |

Was an operation performed? ..... Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Earle Wilson, M. D.

(Address) 806 N. Fulton Ave.

1033

M. D. B 1268-9

F 16356

F 16356

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Brunt St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Brown

(a) Residence: No. 525 Presstman St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) July 23-1893

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 2 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New Bedford Connect.

13. NAME Abraham Brown.

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

INFORMANT Mattie Lee Brown

(Address) 525 Presstman St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10/1 1935

UNDERTAKER Sand. W. Gibson & Son

(Address) 638 N. Gilmor

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Sept 27 1935 |

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Physical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. F. Allen M. D.

Coroner

(Address) 50 Augusta St

F 16357

# 16357 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-8

Registered No.....

1. PLACE OF DEATH Sinai Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Benjamin Siskin

(a) Residence: No. 4116 ~~Forest Park Ave~~ St., Norfolk Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | M |

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 75 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Date 10/1/35 19

UNDERTAKER Jack Lewis & Sons
(Address) 2100 Eastern Ave

FILED 1935 Huntington Williams 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1935 to Oct. 1, 1935

I last saw him alive on Oct. 1, 1935 Death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |
| Arteriosclerotic Heart Disease | |

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation None Date of.....

What test confirmed diagnosis? Surg Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Sidney Linas, M. D.

(Address) Sinai Hospital

F 16358

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 8 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Walker If U. S. Veteran specify WAR

(a) Residence: No. 1725 Elsworth St., Ward. X (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | — |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/31/35

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | | 5-½ | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

10. Date deceased last worked at (this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) MC -

13. NAME Wilson Walker Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Cora Thomas Va.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Friends

(Address)

BURIAL, CREMATION, OR REMOVAL Cremation Co.

Place JOHNS HOPKINS HOSPITAL Date Oct 1st 1935

UNDERTAKER Mrs Bob A Elmer-Daughter

(Address) 1129 Carolina St Hamilton Village, N.J.

FILED 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Sept 29 1935

I last saw him alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 10:50 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dysentary about | Sept 8 '35 |
| | over |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

M. D. B. 1963-9

F 16359

F 16359

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH (Balto City Hosp Md 76)

CITY OF BALTIMORE: (No. Balto St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Adams (Clayton)

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 75 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Polly Anderson

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records Balto City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL Laurel Cem Date Oct 1st 1935

UNDERTAKER Bernard F Smith

(Address) 882 Hollins St

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1934 to 9/27 1935

I last saw her alive on 9/27 1935 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 9/13/35 |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebral Accident | over 8/1/35 |
| Senile Psychosis 1934 | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. L. Reynolds M. D.

(Address) Balto City Hospitals

Spec. 12-23-2 400 Bks.

F 16360

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16360

## CERTIFICATE OF DEATH.

159

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1200 N Ellwood St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Krager

(a) Residence No. 1200 N. Ellwood St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M.

4-COLOR OR RACE: W

5-Single, Married, Widowed, or Divorced, (Write the word.) Sngl

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) 9/30/35

8-AGE. ..... yrs. ..... mos. ..... ds.

If LESS than 1 day. 14 hrs. or ..... min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

10-BIRTHPLACE (city or town) (State or Country). Balt. Md.

11-NAME OF FATHER. John Krager.

12-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md.

13-MAIDEN NAME OF MOTHER. Helen Gallup

14-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md.

(Informant) Helen Gallup

(Address) 1200 N. Ellwood.

Filed ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 10/1/35

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1935 to Oct 1 1935

that I last saw h. alive on Sept 30 1935

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

prematurity.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. W. Green M. D.

(Address) 403 E. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel

DATE OF BURIAL. Oct. 1 1935

20-UNDERTAKER. Philip Herring & Sons

ADDRESS 206 Cullen st

16361 F 16361

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Guilford Ave St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie V. Walker

(a) Residence: No. 3029 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James D. Walker

6. DATE OF BIRTH (month, day, year) March 7, 01

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 68 | 6 mos | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Forsythe

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME — Brooks

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James D Walker
(Address) 2101 Beethoven Ave

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 3 1935

UNDERTAKER A. Howard Evans
(Address) 1200-02 Pennsylvania Ave

FILED 1935 Huntington Park Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1935 to Sept. 30 1935

I last saw h.E.R. alive on Sept. 29 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation indef. | |
| Other contributory causes of importance: | |
| Acute Dilatation of Heart | 9/29/35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10/1/35 (Signed) R. H. Campbell M. D.

(Address) 1644 Hollins St.

F 16362

16362

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME John Lawler
(a) Residence: No. "In-Ao-Much-Mission" Ward. Dundalk P.O. Mr. Green
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year)
AGE: Years 64(?) Months ? Days ? If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa
13. NAME Thomas Lawler
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME Ella Burgess
16. BIRTHPLACE (city or town) (State or country): England
INFORMANT (Address): Balto City Hospitals Records
BURIAL, CREMATION, OR REMOVAL
Place: Locust Head Date: 9/1 35
UNDERTAKER: J. J. Raby & Sons
(Address): 1318 Light St
FILED 19 ... Registrar
1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-26 1935 to 9-30 1935
I last saw him alive on 9-30 1935 Death is said to have occurred on the date stated above, at 10.15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Bladder (Urinary) | ? |
| | ? |
| Other contributory causes of importance: Uremia | ? |
| Uremia | 1 wk |

Was an operation performed? none Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? none Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Robt F. Martin M. D.
(Address) Balto City Hospitals

M. D. B 1268-9

F 16363

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16363

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 11 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Quinn

(a) Residence: No. 10 W. Guilford Ave St., ..... Ward.
(If non-resident give city or town and State)
(usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 6, 1871

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School teacher

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME Wm H. Quinn

14. BIRTHPLACE (city or town) Balto Md
(State or country)

15. MAIDEN NAME Mary C. Collins

16. BIRTHPLACE (city or town) Balto Md
(State or country)

INFORMANT Thos. P. Quinn
(Address) Laurel Md

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 2 1935

UNDERTAKER Margaret E. Fagan
(Address) 210 S. Fulton St.

FILED 19 Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilitation | 9/29/35 |

Other contributory causes of importance:
Chronic Cardio Vascular Disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edwin B. Wallace, M. D.
Coroner

(Address) 102 E. Lexington St.

M. D. B. 1268-9

16364

F 16364

# HEALTH DEPARTMENT—CITY OF BALTIMORE

53-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 N. Spring St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amy Brown

(a) Residence: No. 1702 N Spring St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Brown

6. DATE OF BIRTH (month, day, year) Feb 10 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 7 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kinston N C

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Mary Farlow

16. BIRTHPLACE (city or town) (State or country) N C

INFORMANT William Brown

(Address) 1702 N Spring St

BURIAL, CREMATION, OR REMOVAL

Place, Kinston NC Date Oct 2 1935

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Sept 30 1935

I last saw h.. alive on Sept 29 1935. Death is said to have occurred on the date stated above, at 10 05 am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Urinary Bladder | June 1935 |

Other contributory causes of importance:

Generalized Carcinoma of Pelvis.

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NA If so, specify .....

(Signed) R. T. Young M. D.

(Address) .....

M. D. B 1268-9

16365 F 16365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Park Ave St., 11 Ward)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie V. Pappas

(a) Residence: No. 817 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of V. G. Pappas

DATE OF BIRTH (month, day, year) Jan 4, 1897

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 8 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waitress

10. Date deceased last worked at this occupation (month and year) 9/28/35

11. Total time (years) spent in this occupation years

BIRTHPLACE (city or town) (State or country) Reading Pa.

13. NAME Chas. Worter

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Plapter

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Robert V. Pappas

(Address) 316 N. Park St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Oct 2 1935

UNDERTAKER J. Francis Veal

(Address) Westminster Md.

FILED 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH D

21. DATE OF DEATH (month, day, year) 9/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Illuminating Gas Poisoning | 9/30/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/30 1935

Where did injury occur? 817 Park Ave Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Turned door shut window Turned on gas in stove & put head

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. B. Wallace M. D.
Attending Physician

(Address) 231 St Paul St

M. D. P. 1268-9

F 16366

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16366

## CERTIFICATE OF DEATH

51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Old Orchard Road St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JAMES W. TOOHEY

(a) Residence: No. 515 Old Orchard Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

6. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Winter Toohey

DATE OF BIRTH (month, day, year) Jan. 13, 1872

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 63 | 8 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President- Dixie

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Co. (Exhaust Fans Etc.)

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 0045

BIRTHPLACE (city or town) (State or country) Hoosick Falls N.Y.

13. NAME John Toohey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McNamara

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Mary Winter Toohey

(Address) 515 Old Orchard Road

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Oct. 3 1935

UNDERTAKER Chas. B. Tracy & Son

(Address) 1511 W. Royal Ave. Huntington Williams

FILED ... 1935 ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1934 to Sept 29th 1935

I last saw ~~him~~ alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 11.55 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Prostate with Metastasis to Bone, Lung and Liver. | Jan 1934 |
| Other contributory causes of importance: | |
| Pericarditis | 1934 |

Name of operation None Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James O'Howell M. D.

(Address) Catonsville

✓ F 16367

6367 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2057 Hollins St. St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Bain

(a) Residence: No. 2057 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 5, 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 5 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME George H. Bain

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Emily J. Rumney

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr. R. L. Bain
(Address) 2057 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 3rd 1935

UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

FILED 1935 Hunter Penniman Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 26- 1935 to Sept 30- 1935

I last saw him alive on Sept 29- 1935 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Asthma | ? |
| | |
| | |
| | |

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No ~~If so, nature~~

(Signed) Chas A Cahn M. D.

(Address) 2145 W. Baltimore St.

M. D. B. 1268-9

16368

F 16368

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

11-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Patricia A. Bailey

(a) Residence: No. 808 W. 32nd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 17-1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 2 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Walter J. Bailey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marion Alice Bischoff

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ruth A. Bageman (Address) 808 W. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Oct. 3. 1933

19. UNDERTAKER Forack F. Burgee (Address) 3631 Falls Road

20. FILED 1935 Huntington Ave. Temporar.

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) September 30 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Influenzal Meningitis | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify

(Signed) Paul Schleyer Coroner M. D.

(Address) 1919 E. North Ave.

M. D. F. 1268-9

F 16369

16369

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N.Durham Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Johnston

(a) Residence: No. 1816 N.Durham Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucinda Gerhauser Johnston

6. DATE OF BIRTH (month, day, year) April 24th, 1870.

| 7. AGE | Years | Months | Days | If LESS than 1 day ###### or ..... min. |
|---|---|---|---|---|
| | 65 | 5 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward Johnston

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Annabell O'Brine

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs. Lucinda Johnston 1816 N.Durham Street

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Oct 2, 1935

19. UNDERTAKER (Address) George J Ruth Inc 1735 Harford Avenue

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May-7 1935 to Sept 29- 1935

last saw h.. alive on Sept 29- 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Larynx | 5/7/35 |
| | |
| | |
| | |
| Other contributory causes of importance: Metastasis in Lungs and Kidneys | Sept-35 |
| | |

Name of operation none Date of

What test confirmed diagnosis? hist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) E. Gill Hall M. D.

(Address) 1631 E Monument

M. D. B 1268-9

16370 ✓ F 16370

# 16370 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

179

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis X. Shields.

(a) Residence: No. 5212 Alhambra Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced, HUSBAND of Emma Shields.

DATE OF BIRTH (month, day, year) September 27, 1878

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 0 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Post Office.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Bernard Shields.

13. BIRTHPLACE (city or town) (State or country) Ireland.

14. MAIDEN NAME Bridget Casby.

15. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Emma Shields. (wife)

(Address) 5212 Alhambra Ave.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Oct 2 1935

UNDERTAKER George Wurth & Son

(Address) 17 W. Lexington St.

FILED 1935 Oct 1 Harrington Register

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.30 a. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Formaldehyde poisoning.
Accidental Death.

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Hospital autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/28/35

Where did injury occur? 5212 Alhambra Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Taken by mistake.

Nature of injury Formaldehyde poisoning.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Otto W. Reinhardt M. D. Coroner

10/1/35 (Address) 1017 N. Charles St.

F 16371 F 16371

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5016 Catalpha Rd St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Strauff

(a) Residence: No. 5016 Catalpha Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Strauff

DATE OF BIRTH (month, day, year) Nov 26 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 10 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Publisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 20 yrs ago

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wm Karl Strauff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Alvina Matfrey

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs Ida Strauff 5016 Catalpha Rd

BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem Date Oct 2, 1935

UNDERTAKER (Address) John Ulrich Roof Falconwood

FILED 1935 Oct 2 Registered No. 192

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29th 35

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to Sept 29 1935

I last saw him alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilis | 7-1-34 |
| Other contributory causes of importance: Chronic Valvular Endocarditis | 1931 |

Was an operation performed? Yes. Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) K. L. Gordy M. D.

(Address) 5106 Harford Road

M. D. 126

F 16372

F 16372

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. Gen. Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Kastka

(a) Residence: No. 2570 E. Monument St., ..... Ward. no war record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 19 1871

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 9 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dobbs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nicholas Kastka

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Florence Kastka

(Address) 2570 E Monument St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 3 1935

UNDERTAKER John Ulrich

(Address) 1200 Aisquith St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Sept 29, 1935

I last saw h alive on Sept 29, 1935 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure as result of myocarditis.

Date of onset

Other contributory causes of importance:

Uremia.

Name of operation Resection of bladder tumor Date of Sept 26

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. N. Taylor M. D.

(Address) S. B. G. H.

F 16373

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16373

46-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary H. Collins

(a) Residence: No. 4712 Frederick Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Patrick M. Collins

DATE OF BIRTH (month, day, year) Nov 4, 1863

| AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 71 | 10 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Michael Harrington

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Harrington

16. BIRTHPLACE (city or town) (State or country) Baltimore City

INFORMANT Rose Collins

(Address) 4712 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 4 1935

UNDERTAKER Jas M Anderson

(Address) 5118 Wayne Ave

FILED ... 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22-1935 to 10-1-1935

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:25 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset .....

Other contributory causes of importance: Hypertensive Heart Disease

Name of operation Exploration of Stomach Date of 9-24

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Robt. J. Healy, M. D.

(Address) St Agnes Hosp.

M. D. B. 1268-9

F 16374

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16374

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital.

CITY OF BALTIMORE: (No. Wilkens & Caton St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Railey.

(a) Residence: No. 2823 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Single. |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 24 1935

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| — | — | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Guy Tarleton Railey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ella Railey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Ella Railey

(Address) 2823 W Mulberry St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 2 1935

UNDERTAKER John O Miller

(Address) 2700 Edmondson Ave

FILED ... 19... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1935 to Oct. 1, 1935

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (2) Pneumonitis | 9/23 |
| Cerebral hemorrhage | 9/27? |
| Other contributory causes of importance: | |
| (3) Preterm neonatorum | 9/23 |

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lemuel Kemp M. D.

(Address) St Agnes Hosp

M. D. F. 1368

F 16375

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16375

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 E. Fairmount Ave St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(no Veteran)

2. FULL NAME Wm Wiese

(a) Residence: No. 2605 E. Fairmount Ave St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of: Mary E. Wiese

6. DATE OF BIRTH (month, day, year): Aug 28 1851

7. AGE: Years 84 | Months 1 | Days 1 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paint Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1945

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Wiese

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Mary E. Wiese

(Address) 2605 E. Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Lessig's Cem Date 10/2/35 19

UNDERTAKER: Philip Herwig Sons

(Address) 2616 Orleans St

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1935 to Sept 29 1935

I last saw him alive on Sept 28 1935. Death is said to have occurred on the date stated above, at 5 15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Gustav C. Thieme M. D.

(Address) 2601 E. Fairmount Ave

M. B. 13 F 16376

F 16376

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6207 Pinehurst Road St., Cedarcroft 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Charles Pembroke Hannon

(a) Residence: No. 6207 Pinehurst Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella E. Noonan

DATE OF BIRTH (month, day, year) Sept. 15, 1872

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 0 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pratt & Lambert

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Boston
(State or country) Mass.

13. NAME John Hannon

14. BIRTHPLACE (city or town) --------
(State or country) Massachusetts

15. MAIDEN NAME Mary Pembroke

16. BIRTHPLACE (city or town) -------
(State or country) Mass.

INFORMANT Mrs. Estella N. Hannon
(Address) 6207 Pinehurst Road

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/3 1935

UNDERTAKER Henry C. Means and Son
(Address) 805 N. Calvert Street

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to Sept. 30, 1935

I last saw him alive on Sept. 30, 1935. Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | 1934 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard C. Todd M. D.

(Address) 735 N. Fulton Ave

F 16377

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16377

82-a

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Beaumont Avenue St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes E. May

(a) Residence: No. 511 Beaumont Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael P. May

7. DATE OF BIRTH (month, day, year): Dec. 7, 1857

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 77 | 9 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John S. Benzinger

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Mary E. Eisler

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: J. Eugene May

(Address): 504 Northern Parkway

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 10/4 1935

UNDERTAKER: Wesley H. Meadows Son

(Address)

FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1935, to Oct 1st, 1935

I last saw h[illegible] alive on Sept 30th, 1935. Death is said to have occurred on the date stated above, at 1225 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Sept 30 |
| | |
| | |
| Other contributory causes of importance: Arterio Sclerosis | 2 yr |

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Lawrence M. D.

(Address) 719 E Preston St

F 16378

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16378

## CERTIFICATE OF DEATH

+/114-B

Registered No.

1. PLACE OF DEATH University Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Redwood & Green St., V Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Herman Thompson

(a) Residence: No. Chester Ave. Nursery St. Canton Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Katherine Thompson

DATE OF BIRTH (month, day, year) July 12 1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 2 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer on
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Boat
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Md.

13. NAME J. H. Thompson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie Warner

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Katherine Thompson
(Address) Chester Md.

BURIAL, CREMATION, OR REMOVAL
Place Chester Md Date Oct 6 1931

UNDERTAKER F. P. Tippett & Son
(Address) 1300 Eastern Ave

FILED Oct 8 1931 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 — 1931, to October 1 1931
last saw h— alive on October 1, 1931 Death is said to have occurred on the date stated above, at 9:40 P.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung Abscess | |
| Influenzitis - Streptococci | |

Other contributory causes of importance:
Auricular Fibrillation
Cardiac Failure

Was an operation performed? yes Date of 9/16/31
For what disease or injury? Lung Abscess
Name of operation Thoracoplasty Date of 9/16/31
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. W. Robinson M. D.
(Address) University Hospital

M. D. B 1268-9

F 16379 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16379

# CERTIFICATE OF DEATH

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Kelly Ave. St., 21 Ward)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mildred Hicks.(C)

(a) Residence: No. 1933 Kelly Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) April 10,1920

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 15 | 5 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Leon Hicks.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emily Wright(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT (Address) Mary Hicks.(c)Grandmother. 1933 Kelly Ave.

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date Oct 2 1935

UNDERTAKER (Address) Frances A Hemsley 3718 1/2 Eastern Ave.

FILED ..., 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet wound of the heart. | |
| Homicide. | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy & inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/28/35 19...

Where did Injury occur? 1933 Kelly Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol wound.

Nature of injury Pistol wound of the heart.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Otto M. Reinhardt M. D. Coroner

10/2/35 (Address) 1017 N. Charles St.

M. D. F 1268-9

F 16380

F 16380

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Kelly Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary N. Wicks, (C)

(a) Residence: No. 1933 Kelly Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) March 1, 1914

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 6 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Moses Wicks. (C)

14. BIRTHPLACE (city or town) Maryland.
(State or country)

15. MAIDEN NAME Mary Gwynn. (C)

16. BIRTHPLACE (city or town) Maryland.
(State or country)

INFORMANT Mary Wicks. (C) mother.

(Address) 1933 Kelly Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Oct 2 1935

UNDERTAKER Francis A. Henry

(Address) 578 W. Biddle St.

FILED ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet wound of the heart. | |
| Homicide | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy & Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 9/28/35

Where did injury occur? 1933 Kelly Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol wound.

Nature of injury Pistol wound of the heart.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Otto M. Steinhardt M. D.
Coroner

10/2/35 (Address) 1017 N. Charles St.

F 16381

3p 4062
3p 16381

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓88

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence (alias) Stewart

(a) Residence: No. 716 Springfield Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank M. Stewart

7. DATE OF BIRTH (month, day, year) 2/8/67

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 7 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME OF FATHER John Wm. Allen

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME OF MOTHER Sarah Saunders

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Oakland Cem. Date Oct 4 1935

19. UNDERTAKER Wm. Fickus Sons Worth & Reaves (Address)

20. FILED OCT 2 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-1 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1935 to Oct-1 1935

I last saw her alive on Oct 1 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary embolis | 10-1-35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? yes Date of (1) 9-21-35 (2) 9-23-35

For what disease or injury? Cataract L.E.

Name of operation (1) Iridectomy L.E. (2) Cataract extraction L.E. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James D. Moore M. D.

(Address) 109 N. Broadway Baltimore, Md.

F 16382

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16382

V 50

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Hanover St., 22 Ward)

Length of residence in city or town where death occurred 46? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Alice Brady

(a) Residence: No. 830 S. Hanover St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ormon Brady

DATE OF BIRTH (month, day, year) ? 1864

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ? | 71 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ills.

13. NAME ? Frazier

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mckeown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Lillian Downon

(Address) 514 S. Hanover St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 3 - 35

UNDERTAKER Margaret E. Flynn

(Address) 422 Light St.

FILED ..... 19..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Oct. 1st 1935

I last saw her alive on Sept. 30 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus acidosis | about July 30/35 |
| carcinoma of right breast | about 5 yrs ago. |

Other contributory causes of importance:

| | |
|---|---|
| emaciation due to diabetes | |
| " " " cancer | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Blood chemistry Date of .....

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Edw. Flaherty M. D.

(Address) 1226 Hamilton St.

F 16383

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16383

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Pahlman

(a) Residence: No. 1200 Valley St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

Little Sisters of the Poor

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Pahlman

DATE OF BIRTH (month, day, year) 8 April - 1860

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 75 - | 11 | 5 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Pate

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Catherine Corigan

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus, Sup.

(Address) 1200 - Valley Street, City.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 3. 1935

UNDERTAKER Rafa Wiedefeld

(Address) 914 Fremont Ave

FILED 1935 ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Oct 1 1935

I last saw her alive on Sept 30 1935 Death is said to have occurred on the date stated above, at 11:45 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Nephritis | ? |
| | |
| | |
| | |
| Other contributory causes of importance: Mitral Insufficiency | ? |
| Arteriosclerosis | ? |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Path. Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edward C Parker M. D.

(Address) 1114 Hartford Ave

F 16384

16384

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X/35

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Anna E. Harting

(a) Residence: No. Lansdowne, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. William A. Harting

6. DATE OF BIRTH (month, day, year) Dec. 19, 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 9 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 9-23-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME John Goetz

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Ida ??

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Wm. A. Harting

(Address) Hammonds Ferry Rd

BURIAL, CREMATION, OR REMOVAL

Place Baden, Md Date Oct. 3. 1935

UNDERTAKER [illegible]

(Address) [illegible]

FILED 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1935 to Sept. 30, 1935

I last saw her alive on Sept. 29, 1935. Death is said to have occurred on the date stated above, at 7 05 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | 9-27-35 |
| | |
| | |
| | |
| Other contributory causes of importance: Diabetes Mellitus | unk |

Was an operation performed? Yes Date of 9-26-35

For what disease or injury? Rectovesicle fistulae

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas J. Gahan M. D.

(Address) 1129 N. Calvert St

F 16385

B01 16385

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X. 16

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR X

2. FULL NAME Edith Crawford

(a) Residence: No. Sykesville Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Child |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/16/23

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 12 | 9 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Crawford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elsie Duball

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Reynolds

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sykesville Md. Date Oct 3 1935

UNDERTAKER Harry Lee Sykesville Md

(Address) Funeral Director

FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Oct-2 1935

I last saw her alive on Oct-2, 1935 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Poliomyelitis | Sept 18 1935 |
| | |
| | |
| | |

Other contributory causes of importance:

| | | |
|---|---|---|
| Resp. paralysis | ? | Sept. 22 |
| ? Pneumonia | ? | Sept. 22 |

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Martha E. Reese, M. D.

(Address) Johns Hopkins Hosp.

H 2 11

M. D. F. 1784-9

16386

F 16386

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Colbourne Road St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Taylor

(a) Residence: No. 4401 Colbourne Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Thomas M. Taylor

7. DATE OF BIRTH (month, day, year) Feb. 27, 1864.

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Robert L. Bray

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mumbleet

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Rose T. Bricker

(Address) 4401 Colbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 2, 19 35

19. UNDERTAKER [illegible]

(Address) 4101 [illegible]

20. FILED [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 1925, to Sept 30, 1935.

I last saw her alive on Sept 30, 1935. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis (Chronic) | ? |
| | 20 yrs + |
| Other contributory causes of importance: | |
| Cardiac Insufficiency | 7 days |

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Wirsig, M. D.

(Address) 4000 Edmondson Ave

M. D. B. 1268-9

F 16387 ✓ F 16387

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Hollins St., 18 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Weiner

(a) Residence: No. 915 Hollins St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Hyman

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: Years: 60 | Months: — | Days: — | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Jacob Weiner

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Ida Last

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Harry Weiner

(Address): 915 Hollins St

BURIAL, CREMATION, OR REMOVAL: Date Oct 2. 1935

Place: New Rosedale

UNDERTAKER: Sol Levinson & Bro

(Address): 1122 E Baltimore St

FILED 2-1935 . 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28. 1935 to Oct 1. 1935

I last saw h.er alive on Oct 1. 1935 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9/28/35

Other contributory causes of importance:

Chronic Hypertension.

Chronic Arteriosclerosis.

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. Sorkow, M. D.

(Address) 888 N. Lombard St.

F 16388 ✓ F 16388

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Margery Jones
(a) Residence: No. 525 N. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Jones

7. DATE OF BIRTH (month, day, year) 8-15-1896

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 6 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.
13. NAME Bob Shear
14. BIRTHPLACE (city or town) (State or country) S. C.
15. MAIDEN NAME Jane?
16. BIRTHPLACE (city or town) (State or country) Georgia
17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem. Date Oct 2 1935
19. UNDERTAKER Rolphus Halstead
(Address) 918 Lemmon Hill Ave.
20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1935
22. I HEREBY CERTIFY, That I attended deceased from 9-27 1935 to 9-29 1935
I last saw her alive on 9-29 1935 Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Left Breast (type unknown) | 1933 |

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury? None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank Wilson M. D.
(Address) Baltimore City Hospital

F 16389 ✓ F 16389

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 418 N Durham St., 6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Raymond Rollins
If U. S. Veteran specify WAR

(a) Residence: No. 418 n Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Rollins

DATE OF BIRTH (month, day, year) Feb 23-1861

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 7 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Talbot Co Md

13. NAME Doris Manner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Doris Manner

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Martha Bozeman
(Address) 420 N Durham St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Oct 2. 1935

UNDERTAKER Robt E Williams
(Address) 1515 McElderry St

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1935, to Sept 29 1935
I last saw her alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 909 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Sept 27 35 |
| Interstitial Nephritis | Sept 27-35 (est) |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. S. Allen M. D.
(Address) 507 Lexington St

M. D. B. F 16390

F 16390

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (~~Ward~~ Good Shepherd General Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Lancaster

(a) Residence: No. 112 Colvin St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | widower |

6. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Carrie Lancaster

DATE OF BIRTH (month, day, year) 1863

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Charles County, Md.

13. NAME Willie Lancaster

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Fannie Beard

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Patient

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 2 1935

UNDERTAKER .....

(Address)

FILED ..... 19..... Registrar.

1935 1748

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1935 to Sept 30 1935

I last saw him alive on Sept. 30 1935. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | 9/25/35 |
| Bi-lateral pleuro-pneumonia | contd |
| Bronchitis | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic myocarditis | unknown |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Walter Shennington, M. D.

(Address) 1628 Division Street

M. D. B. 12

F 16391

F 16391

115 B

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Baltimore Genl Hosp St., 25 Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Constanti Srebroski

(a) Residence: No. 3322 Holland St., Masonville, Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Marries |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Srebroski

DATE OF BIRTH (month, day, year) July 20 1906

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 29 | 2 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bus Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland,

15. MAIDEN NAME Alexandra Gozol

16. BIRTHPLACE (city or town) (State or country) Poland,

INFORMANT Mary E Srebroski

(Address) 3322 Holland st.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A&C. Date Oct 4th 1935

UNDERTAKER George A Weber

(Address) 705 S Ann st

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-29-35, 19..., to 10-1-35, 19...

I last saw h... im alive on 10-1-35, 19... Death is said to have occurred on the date stated above, at 8.20 mP.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ludwig's Angina | |
| Septicemia | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pyorrhoea | |
| | |
| | |

Name of operation Incision Date of 9-30

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. N. Taylor M. D.

(Address) SBGH.

M. D. B. 1268-9

✓ F 16392

# 16392 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby (girl) Salmon

(a) Residence: No. 5335 Race St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Infant |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 10-1-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Val Salmon

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Evelyn Cook

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Evelyn Salmon

(Address) 5335 Race St

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 2 1935

UNDERTAKER .....

(Address) .....

FILED ..... 19..... Registrar.

1240

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1935 to 10-1, 1935

I last saw h[illegible] alive on 10-1, 1935 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| (Placenta Praevia) | |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Conway M. D.

(Address) Vol. Hospital

16393 F 16393

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 880 W. Lombard St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Butler

(a) Residence: No. 880 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: late John Butler

DATE OF BIRTH (month, day, year): Apr 1st 1849

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 6 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): good

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: William Cowan

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Mrs Stella Butler

(Address): 880 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 10/4/ 193

UNDERTAKER: John J. Cowan & Son

(Address): 901 Fallsway St.

FILED 193 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/1/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935 to Oct 1, 1935

I last saw h[illegible] alive on Oct 1, 1935. Death is said to have occurred on the date stated above, at 12 M A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Int. Nephritis | 6 Mos |
| | |
| | |

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Thaddeus Thurston, M. D.

(Address) 888 W. Lombard St

16394 F 16394

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Lewis If U. S. Veteran specify WAR

(a) Residence: No. 1027 Watson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word):
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year)
AGE: Years 56 ? | Months | Days | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country)
13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)
INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL
BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Oct 2d 1935
UNDERTAKER
(Address)
FILED 1935 Standard for Williams MD Registrar
1750 # RRH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-27 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1935 to Sept-27 1935
I last saw her alive on Sept-27 1935 Death is said to have occurred on the date stated above, at 2.45 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis, meningococcus? | Sept 27 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of
For what disease or injury?
Name of operation Lumbar Date of
What test confirmed diagnosis? Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Wade B. Allen M. D.
(Address) Johns Hopkins Hospital

M. D. P. 1268-9

✓ F 16395

16395

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Mayford

(a) Residence: No. 567 Baker St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) September 27, 1935

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME John Mayford

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Ruth Spellew

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date Oct 2, 1935

UNDERTAKER

(Address)

FILED ..... 1935 ..... Registrar.

1755

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-22-35, 19, to 9-22-35, 19

I last saw him alive on 9-22-35, 19. Death is said to have occurred on the date stated above, at 9.45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra Cranial injury. Hemorrhage | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Whitridge M. D.

(Address) Johns Hopkins Hospital

16396 F 16396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 117-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Stephen Dale Gray

(a) Residence: No. Monkton Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Gray

DATE OF BIRTH (month, day, year) Oct 31, 1901

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 11 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0064

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sunshine Md.

13. NAME Clarence Gray

14. BIRTHPLACE (city or town) (State or country) Sunshine Md.

15. MAIDEN NAME Rosa Bratton

16. BIRTHPLACE (city or town) (State or country) Sunshine Md.

INFORMANT Mrs. S. D. Gray

(Address) Monkton, Md

BURIAL, CREMATION, OR REMOVAL

Place Loun Rose Cemetery Md Oct 5 1935

UNDERTAKER C. E. Brooks & Son

(Address) Sunday, Md

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 25 1935 to October 2 1935

I last saw him alive on October 2, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset? |
|---|---|
| Ruptured duodenal ulcer | 9/25/35 |
| peritonitis | 9/25/35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Yes Date of 9/25/35

For what disease or injury? Duodenal ulcer

Name of operation Post Gastroenterostomy Date of 9/25/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Parr, M. D.

(Address) University Hospital

M. D. B 1268-9

F 16397

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16397

186-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa J. Gill

(a) Residence: No. 2309 Maryland Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1857 = July

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 2 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor of ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel A. Gill

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Helen Feller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Frances Schroeder

(Address) 3440 Clover Hill Rd.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Olivet Date Oct 3. 1935

UNDERTAKER John O. Mitchell & Sons

(Address) 1700 Eutaw St Baltimore Md

FILED Oct 4 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Right Femur | 5 days |

Other contributory causes of importance:

Pulmonary Embolis

Was an operation performed? ~~Yes~~ No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 26, 1935

Where did injury occur? 2309 Maryland Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Steps

Nature of injury Fracture of Right Femur

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

F 16398

16398

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 193

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Laabes

(a) Residence: No. Mt. Washington, Balto. Co, Md. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola M. Laabes

7. DATE OF BIRTH (month, day, year) June 15, 1889

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 46 | 3 | 15 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 0029

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Balto, Co, Md.

13. NAME Fredrick Laabes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Gompf

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Viola M. Laabes

(Address).....

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Oct 3, 1935

UNDERTAKER Franklin W. Seitz

(Address) 709 West 33rd St.

FILED Oct 4, 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Electrocution | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury Oct. 1, 1935

Accident, suicide, or homicide?

Where did injury occur? Padona R.W. of York R. Texas, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Side of Public Road

Manner of injury Contact with Live Wire

Nature of injury While working on Pole of Consolidated G.E.Co.

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Handling Live Wires

(Signed) E. E. Wallen M. D.

(Address) 275 W. 28th St. Coroner

over

16399 ✓ F 16399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48 Registered No.

1. PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Nettie Sipp

(a) Residence: No. 5521 Norwood Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A Sipp

DATE OF BIRTH (month, day, year) Jan 23 1885

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 8 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Baltimore Md (Leria)

13. NAME Jacob H Sipe

14. BIRTHPLACE (city or town) (State or country) Patterson Pa

15. MAIDEN NAME Louisa Strahl

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Hospital records

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 4 1935

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935 to Sept 30 1935

I last saw her alive on Sept 30 1935 Death is said to have occurred on the date stated above, at 9.50 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix uteri | |
| Myoma uteri | |
| Cystic ovaries (bilateral tumors) | |
| Chronic appendicitis | |

Other contributory causes of importance:

Pulmonary embolism

Was an operation performed? Yes Date of Sept 16 1935

For what disease or injury? Hysterectomy, oophorectomy,

Name of operation Abdominal Date of 9-16-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Barnaby M. D.

(Address) Maryland Gen Hosp

✓ 16400

16400 HEALTH DEPARTMENT—CITY OF BALTIMORE 16400

## CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2740 Huntingdon Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. Widowed

2. FULL NAME Betty Conway

(a) Residence: No. 2740 Huntingdon St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J Conway

DATE OF BIRTH (month, day, year) Oct 1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 11 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Co Md

13. NAME: Gottlieb Fahmeyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Gertrude Linden

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT (Address): John Conway 2740 Huntingdon Ave

BURIAL, CREMATION, OR REMOVAL: Place London Park Date 10/3 1935

UNDERTAKER (Address): Wm Ecker & Sons 1217 E Fayette St

FILED 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30/35 1PM

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 35, 19..., to Sept 30, 35, 19...

I last saw her alive on Sept 30, 35, 19... Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocardial Insufficiency | 3 |
| Acute Exhibitum Carcinoma | 2 days |

Other contributory causes of importance:

Senile Paresis.

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. W. Cragg, M. D.

(Address) 28 W 25th St.

F 16401

F 16401

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

91

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME John Dornbecker.

(a) Residence: No. 1923 E Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Dornbecker

7. DATE OF BIRTH (month, day, year) 2/11/1855.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 7 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom peddler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Chas.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Francisca Miller.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Cem Date Oct 4th 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E. Lanvale

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/19 1935 to 10/2 1935

I last saw h alive on 10/2 1935. Death is said to have occurred on the date stated above, at 5 00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Senility | 2 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Pitts, M. D.

(Address) Balto City Hosp.

M. D. F 16402 F 16402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hosp. Registered No. 107-a

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Sobolewska

If U. S. Veteran, Specify War No

(a) Residence: No. 5213 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1861

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 63 74 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Rotolsky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Jabonske

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records Balto City Hospt.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Oct 4 19 35

UNDERTAKER Wm Cook
(Address) 217 St Paul St

FILED ... 19 ... Registrar.

S-1355

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-5-, 1933 to 10-2-, 1935

I last saw her alive on 10-2-, 1935 Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9/28/35 |
| Myocarditis Chronic | |
| Other contributory causes of importance: | |
| ~~Hypostatic Congestion~~ | |
| Senile Psychosis | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C S Reynolds M. D.

(Address) Baltimore City Hospital

M. D. F 1268 F 16403

F 16403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital St., 27 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Florence Zitzer Wannenwestch If U. S. Veteran specify WAR No

(a) Residence: No. 3006 Northway Drive St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 65 | | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hw.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME Louis Zitzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lucy Gerns

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Dela Gerns
(Address) 308 N. Green St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 4 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) F. K. Ordeman M. D.
Coroner

(Address) 2757 W. North Ave

M. D. B. 1368

F 16404

F 16404

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2417 ~~Aurena~~ Arunah Ave. St., 16 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia R. Swindall (Swindell)

(a) Residence: No. 2417 Arunah Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Granville Swindall

6. DATE OF BIRTH (month, day, year) Feb 26 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 5 7 | 7 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W. (W?)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Flardia

13. NAME Dulaney DeButts Roszel

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna E. -------

16. BIRTHPLACE (city or town) (State or country) Dalto

17. INFORMANT G. Swindale

(Address) 2417 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 4th 193[illegible]

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... 30 ... to Oct. 2, 1935 19...

I last saw h... er alive on Oct. 2, 1935 ... Death is said to have occurred on the date stated above, at 9.45 m. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetis | 1930 |
| Diabetic Coma | 2, Days |
| Broncho Pneumania | 1, Day |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. B. Wisham M. D.

(Address) 27 S. Eutaw

F 16405 F 16405

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH Hampton Court Apt Registered No.

CITY OF BALTIMORE: (No. 309 Dolphin St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula E. Bailey If U. S. Veteran specify WAR No

(a) Residence: No. 309 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Paris L. Bailey

DATE OF BIRTH (month, day, year) Sept 29th 1872

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 0 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 30 1933

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) Miramba
(State or country) Indiana

13. NAME James L. Sargent

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Sarah Wheeler

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Paris L. Bailey
(Address) 309 Dolphin St

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 4th 1935

UNDERTAKER Wm Roof
(Address) 1217 St Paul St

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1935 to Oct 1, 1935

I last saw h.er alive on Sept 29 1935 Death is said to have occurred on the date stated above, at 7-7 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular heart Disease | 2 yrs |
| Other contributory causes of importance: ascites | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Moore H. D. M. D.

(Address) 2020 N. Charles

F 16406

Spec. -7-17-26—A Co.—200 Bks.

F 16406

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 118

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. About 3200 33rd St. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Massing

(a) RESIDENCE NO. Charlottesville Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White Hebrew | Married |

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs Sadie Massing

DATE OF BIRTH (month, day, and year) Feb 15, 1890

| 6 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 45 | — | — | |

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Russia

(State or country)

10 NAME OF FATHER Mr. Simon Massing

11 BIRTHPLACE OF FATHER (City or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Jessie Koren

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

Informant Husband

(Address)

Filed 1935 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1935, to Oct 2, 1935, that I last saw him alive on Oct 2, 1935, and that death occurred, on the date stated above, at 8:32 a.m.

The CAUSE OF DEATH* was as follows:

Terminal Coronary Thrombosis

Subdiaphragmatic abscess Right

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Pyloroplasty for partial Pyloric Obstruction 11

(duration) yrs. mos 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-18-35

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical examination

(Signed) M M Copeland M. D.

10/2. 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale — Date of Burial Oct 3. 1935

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Baltimore St

M. D. B 1268-9

F 16407

16407

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 211-M

1. PLACE OF DEATH John Hopkins Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Pfeffer If U. S. Veteran specify WAR DR

(a) Residence No. 703 N Lakewood St., ..... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Ann Pfeffer

6. DATE OF BIRTH (month, day, and year) Nov 25 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | 10 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 6 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Edward Pfeffer

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME OF MOTHER Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ann Pfeffer
(Address) 703 N Lakewood

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Oct. 3 1935

19. UNDERTAKER Philip Herrig-Lane
(Address) 2010 Orleans St.

FILED 1935 Oct 10 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Lues | |
| | |
| | |
| | |
| | |

Other contributory causes of importance Pneumonia Terminal

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of 20

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 9-9, 1935
Where did injury occur? Timmons Corner County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Roadway
Manner of injury Auto Struck by car
Nature of injury Fract. Base of Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Walter Greulich M. D.
Coroner
(Address) 111 W Chesapeake Ave

F 16408

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16408

48

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine E. McDowell E FOR ELDORA

(a) Residence: No. 1205 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-26-1861

7. AGE: Years 74 | Months 5 | Days 6 | If LESS than 1 day.....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER William McDowell

14. BIRTHPLACE (city or town) (State or country) Boston Mass

15. MAIDEN NAME OF MOTHER Joanna Riddicord

16. BIRTHPLACE (city or town) (State or country) ? Md

INFORMANT (Address) Balto City Hospt Records

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10-3 1935

UNDERTAKER Wm J. Tucker & Sons (Address) North & Linden Ave

FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1935, to 10-1, 1935

I last saw her alive on 10-1, 1935 Death is said to have occurred on the date stated above, at 9 10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | about May 1935 |
| Other contributory causes of importance: Secondary Anemia | Aug 1935 |

Was an operation performed? No Date of

For what disease or injury? none

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Baltimore City Hospital

M. D. F. F-9 16409

F 16409

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV117-B

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. N. Broadway St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. .... mos. 7 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mr. James Walstrum.

(a) Residence: No. Perryman St., .... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

DATE OF BIRTH (month, day, year) March 4, 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 71 70 | | 6 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. UnKnown 0015

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation UnKnown

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Walstrum

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Day

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. C. N. McCommons

(Address) Perryman Maryland

BURIAL, CREMATION, OR REMOVAL

Place Spesutie Harford Co. Date Oct 6 1935

UNDERTAKER ~~Henry~~ Jarrett & Sons

(Address) Aberdeen Md

FILED ... 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1935 to Oct. 2, 1935

I last saw him alive on Oct. 2 1935. Death is said to have occurred on the date stated above, at 4:50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign perforating duodenal ulcer | 1930? |
| Other contributory causes of importance: Coronary Thrombosis, acute | 9-29-35 |

Posterior gastro enterostomy

Name of operation Cholecyst gastrostomy Date of 9-27-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

F 16410

F 16410

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 St Mary St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Topsman

(a) Residence: No. 438 St Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | Widowed |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Johnson

6. DATE OF BIRTH (month, day, year) ? 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Oct

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co
(State or country) Md.

13. NAME ? Johnson

14. BIRTHPLACE (city or town) Calvert Co
(State or country) Md.

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) Calvert Co
(State or country) Md.

INFORMANT Hattie Topsman
(Address) 438 St Mary St

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Oct 4 1935

UNDERTAKER Thomas A. Kemp Sr.
(Address) 522 N Eutaw St

FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Oct 1 1935

I last saw h[illegible] alive on Sept 26 1935. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | ? |
| | Oct 1 |

Other contributory causes of importance:

| | |
|---|---|
| General Debility | 1/2 Yr |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. C. Funk M. D.

(Address) North Ave & Division

Rev E William Pastor

M. D. R. 1268

F 16411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16411

## CERTIFICATE OF DEATH

V 157-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Duffy

(a) Residence: No. 2017 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bucks Md.
(State or country)

13. NAME Martin F Duffy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Margaret McDonnell

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Bonsecours Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date Oct 3, 1935

UNDERTAKER George A Darley
(Address) 1800 E. Fayette St

FILED ... Registrar.

1005

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1935 to Oct. 2nd 1935

I last saw him alive on Oct. 2 1935. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 10-1 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jno. A. Sedlack M. D.

(Address) Bon Secours Hosp.

F 16412

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16412

51-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Broadway) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR Indian War

2. FULL NAME William E. Hess

(a) Residence: No. 909 N. Broadway Ward. .....

(Usual place of abode) 40 years (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Katherine E. Hess

DATE OF BIRTH (month, day, year) June 30 1859

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 3 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Lineman

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Harrisburg Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Katherine E. Hess

(Address) 909 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 3rd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 3 1935 Harrington Hill Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Sept 30 1935

I last saw him alive on Sept 30 1935. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

Uremia, Cystitis and Carcinomatous cachexia

Date of onset .....

Other contributory causes of importance:

Carcinoma of the prostate with metastasis to bone, intestines.

Was an operation performed? yes Date of Feby. 8 1926

For what disease or injury? Carcinoma of prostate

Name of operation Prostatectomy Date of 7/5/24

Tissue examination Was there an autopsy? no

What test confirmed diagnosis? Microscopic findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) Edward L. Johnson M. D.

(Address) 1123 St Paul St. City.

A4Co. 5-31 250B

F 16413

# F 16413 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 94-13

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Frederick St. 90 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian B. Vollmer

(a) Residence: No. 2333 Frederick ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Vollmer.

6. DATE OF BIRTH (month, day, year) Oct. 26-1891.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 11 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife W37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore - Md.

13. NAME George Beiglein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT William H. Vollmer

(Address) 2333 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 3- 1935

UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

FILED ..... 10 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to Sept. 30, 1935

I last saw h.. alive on Sept 7, 1935 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Sept 1933 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Cardiac Dilatation | 1 day |

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 20 30 Wilkens ave

F 16414

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16414

157-C

1. PLACE OF DEATH Maryland Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Hunter

(a) Residence: No. 4728 Usher Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/28/35

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or 20 min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City
(State or country) Maryland

13. NAME Mrs Arthur Hunter

14. BIRTHPLACE (city or town) New York State
(State or country)

15. MAIDEN NAME Alice Sultan

16. BIRTHPLACE (city or town) New York City
(State or country)

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Maryland Gen Hosp Date 10-2-35

UNDERTAKER
(Address)

FILED 1935 by Hunter Funeral Home Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28/35, 19..., to 9/29/35, 19...

I last saw him alive on 9/29/35, 19... Death is said to have occurred on the date stated above, at 830 m.

The principal cause of death and related causes of importance were as follows:

Pre-maturity — Date of onset 9/28/35

Other contributory causes of importance:

Patent Foramen ovale

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John W. Brennan M. D.

(Address) Maryland Gen Hosp

M. D. B. F 16415

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16415

93-e

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Bruce St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Roberts If U. S. Veteran specify WAR .....

(a) Residence: No. 508 N. Bruce St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Roberta

6. DATE OF BIRTH (month, day, year) June 16 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 3 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer Oct 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME Chas. Roberts

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

15. MAIDEN NAME Magsin (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James Dean

(Address) 1211 Parish St.

BURIAL, CREMATION, OR REMOVAL

Place Odd Fellows Date Oct. 5 1926

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

FILED ..... 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1926

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2.40 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Cardiac Myocarditis .....

.....

.....

.....

.....

Other contributory causes of importance:

Senile condition & delay .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) C. Klein M. D.
Coroner

(Address) 215 Hanover

M. D. R. 1268-9

F 16416 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16416

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5237 N. Gilmor St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
Life

2. FULL NAME Alexander Harris
(a) Residence: No. 5237 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mariana V. Harris
6. DATE OF BIRTH (month, day, year): Dec. 1876
7. AGE: Years 59; Months —; Days 5; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocer
10. Date deceased last worked at this occupation (month and year): 5/35
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.
13. NAME: Oscar Harris
14. BIRTHPLACE (city or town) (State or country): Robertsdown
15. MAIDEN NAME: Martha Curtis
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Mrs. Frances E. Robinson
(Address): 5237 N. Gilmor St.
BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Oct 3, 1935
UNDERTAKER: Thomas E. Kelson
(Address): 1303 Presstman St
FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 30th 1935
22. I HEREBY CERTIFY, That I attended deceased from 8/22 1935, to Sept 30th 1935
I last saw him alive on 9/30 1935. Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Gastric) | 2 mos |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Kelly M. D.
(Address) 1230 N. Gilmor St

F 16417

M. D. F. 1268-9

# F 16417 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89-13 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto. General Hosp. St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Ladon
(a) Residence: No. 332 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1910

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 25 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

13. NAME Samuel Ladon
14. BIRTHPLACE (city or town) Russia
(State or country)
15. MAIDEN NAME Esther Sendel
16. BIRTHPLACE (city or town) Russia
(State or country)
INFORMANT Hospital Records
(Address)
BURIAL, CREMATION, OR REMOVAL Laud Washington Blvd. Date 10/3 1935
UNDERTAKER Gault Funeral Inc
(Address) 1439 E Baltimore
FILED 10-1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1935 to Oct 2 1935
I last saw him alive on Oct 2 1935 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mastoiditis (Right) | 9/23/35 |
| Streptococcus Meningitis | 9/24/35 |

Other contributory causes of importance:

Name of operation Mastoidectomy (Rt) Date of 9/23/35
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) E Alessi M. D.
(Address) West Balto Gen Hosp

F 16418

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-W

F 16418

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry E. Williams

(a) Residence: No. 3624 Paine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie L. Williams.

6. DATE OF BIRTH (month, day, year) 8/27/1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48. | 1 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pubs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harry L. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Tillie Berger

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Harry L. Williams

(Address) 3624 Paine St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 6 Oct 1935

UNDERTAKER Walter Davies

(Address) 3418 Chestnut Ave.

FILED ..... 19..... Registrar

13-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 10/1 1935

I last saw him alive on 10/1 1935 Death is said to have occurred on the date stated above, at 10 44 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 16419

F 16419

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 775 ½ W. Mulberry St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet King

(a) Residence: No. 775 ½ W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | Widowed |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Solomon King

6. DATE OF BIRTH (month, day, year) March, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, — hrs. or — min. |
|---|---|---|---|
| 63 | 6 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Castle Haines N. Carolina

13. NAME Jenkins Water

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Priscilla Walker

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John J. Carr

(Address) 775 ½ W. Mulberry.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 3, 1935

19. UNDERTAKER Mrs. Hattie R. Williams

(Address) 322 N. Schroeder St.

Hattie R. Williams

FILED ..... 19..... Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.1.35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9.28.35 19 to 10.1.35 19

I last saw her alive on 9.30.35 19 Death is said to have occurred on the date stated above, at 3:40 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerosis — | |
| cerebral hemorrhage | 9.28.35 |
| cerebral hemorrhage | 10.1.35 |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St

F 16420

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16420

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Gilmor St. St., 19 Ward)

Length of residence in city or town where death occurred 25 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lizzie Butler

(a) Residence: No. 106 N. Gilmor St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femalee | Col. | Widow |

5a. If married, widowed or divorced
~~Husband~~ (or) WIFE of Nat. Butler

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50, | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Laselle Ga.
(State or country)

FATHER

13. NAME Samuel McCay

14. BIRTHPLACE (city or town) Lasselle Ga.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Viola Washington
(Address) 106 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 4, 1935

19. UNDERTAKER Mrs Nate R. Williams
(Address) 322 N. Schroeder Ste.

20. FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey find that said deceased came to her death on the day stated above. 11 PM,
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Attending Physician

(Address) 1939 Edmondson Ave,

16421

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√23 F 16421

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals, 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Mikrel

(a) Residence: No. 617 Green Willow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Married

6. DATE OF BIRTH (month, day, year): May 9th, 1920

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 15 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Samuel Mikrel Sr.

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Mary Mary Lou

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Oct 5, 1935

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 372 E. Lanvale St

FILED: OCT 3 - 1935 19 Huntington Miller, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1935, to 10-1, 1935

I last saw him alive on 10-1 1935 Death is said to have occurred on the date stated above, at 150 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of the Spine | 1934 |
| Other contributory causes of importance: Pulmonary Hemorrhage | 9-30-35 |

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Baltimore City Hospital

16422 E 16422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 n Ann St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellenora Cowell

(a) Residence: No. 413 n Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Cowell

6. DATE OF BIRTH (month, day, year) June 3 - 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jesse Berryman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

INFORMANT Theresa James

(Address) 413 n Ann St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Oct 2 1935

UNDERTAKER Robert M Williams

(Address) 515 N Eutaw

FILED 1935 Arlington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Sept 29 1935

I last saw h alive on Sept 29 1935 Death is said to have occurred on the date stated above, 12 M. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Essential Hypertension | Sept 1935 |

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Were any autopsies

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. P. Allen M. D.

(Address) 50 Jamaquetta St

F 16423

16423 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Perry.

(a) Residence: No. 1625 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ~~1860~~ 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 ~~75~~ | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Mill~~

10. Date deceased last worked at this occupation (month and year) 9/20/35

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Not None

14. BIRTHPLACE (city or town) (State or country) Not None

15. MAIDEN NAME Not None

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records Bch.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/4/1935

UNDERTAKER Elroy O. Wilson

(Address) 1800 Bramble Place

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/1935

22. I HEREBY CERTIFY, That I attended deceased from 9/22/1935 to 9/30/1935

I last saw him alive on 9/20/1935. Death is said to have occurred on the date stated above, at 11 ~~P~~ a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral thrombosis (?) | 7 days |
| Arteriosclerosis | ? |
| | over |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

M. D. B 1268-9

✓ F 16424

16424

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 210-M

1. PLACE OF DEATH City Hospitals

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nicholas Grady Kropp

If U. S. Veteran give WAR.

(a) Residence: No. 837 Stret St. Pauls Pl. Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 7 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date decedent last worked at this occupation (month and year) 9/30/35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Kropp

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Grady

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary G Kropp

(Address) 813 N Stret - Spanish Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10 4 1935

19. UNDERTAKER Jno F Bader

(Address) 3900 E Baltimore St

FILED 19 .....

Registrar

OCT 3 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Fractured Skull | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/1 1935

Where did injury occur? Eastern Ave Underpass (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto car struck Under Pass

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Harry Walter Foster M. D. Coroner

(Address) 542 Park Ave

16425 HEALTH DEPARTMENT—CITY OF BALTIMORE 16425

# CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 E. Baltimore St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward L. Brockett

(a) Residence: No. 3016 E. Baltimore St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia Brockett

6. DATE OF BIRTH (month, day, year): May 22 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 4 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fruit Business

10. Date deceased last worked at this occupation (month and year): 3/1934

11. Total time (years) spent in this occupation: 32 yrs

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Ella Brockett

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Margaret Brockett

16. BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: Hattie Brockett

(Address) 3016 E. Balto.

BURIAL, CREMATION, OR REMOVAL

Place Fairview Cem. Date 10/3/ 1935

UNDERTAKER: J. J. Moran

(Address) 3000 E. Balto.

FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1/35, 19..., to 10/2/35, 19...

I last saw h... alive on 10/1/35, 19... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Degeneration | 1 yr. |
| Other contributory causes of importance: none | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Herrmann, M. D.

(Address) 1706 33rd St.

F 16426

F 16426 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Bayonne Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Jeanette Grabus

(a) Residence: No. 3623 Bayonne Ave. Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 7 | 29 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Julius Grabus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Kolarik

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Julius Grabus

(Address) 3623 Bayonne Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct. 4 1935

UNDERTAKER Lochner Leuchtenmeister Co.

(Address) 2401 Belair Av.

FILED Oct 5 1935 Harry J. Pierce, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1935, to Oct 1st, 1935

I last saw her alive on Oct 1st, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancerous Uterus Ovaries | Jan 1935 |
| Other contributory causes of importance: | |
| Myocardial Insufficiency | Sept 1935 |

Was an operation performed? Yes Date of Jan 11 1935

For what disease or injury? Tumor of abdomen

Name of operation Exploration - Removal of tumor Date of 1/11/35

What test confirmed diagnosis? Pathologist Report (Was there an autopsy?)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. O'Brien M. D.

(Address) 1 W. Orleans

✓ F 16427

16427 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Linden Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Heller

(a) Residence: No. 2408 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moritz B. Heller

7. DATE OF BIRTH (month, day, year) Dec. 25, 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | 9 | 5 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Ralph Heller

(Address) 2408 Linden Ave.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Oct. 4 1935

UNDERTAKER Harris Sondheim & Son

(Address) 1902 Eutaw Place

FILED 1935 at Register's Office

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st. 1935

22. I HEREBY CERTIFY, That I attended deceased from September 3 1935 to Oct 1 1935

I last saw her alive on Oct 1 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| Terminal pneumonia | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

M. D. P 1268-9

16428 ✓ F 16428

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH From near 2042 W Fayette

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME unknown

(a) Residence: No. unknown St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Between Sept 27-35

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | one | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

INFORMANT South West Police

(Address) —

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 3 1935

UNDERTAKER .....

(Address)

FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Prematurity Birth | Sudden |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Probably exposure | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1937 Edmondson Ave

M. D. B 1268-9

F 16429

# 16429 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 707 W. Saratoga St. St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula Crawley

(a) Residence: No. 707 W. Saratoga St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Not known |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 34 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Not known
(State or country)

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Interred of Mt Date Oct 3 19 35

UNDERTAKER .....
(Address)

FILED ..... 19 ..... Registrar.

1258

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 30, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Lungs | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 3737 A Hoven

M. D. B 1268-9

F 16430

# 16430 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 3 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Cowales

(a) Residence: No. 1148 E. Lombard St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, .....hrs. or .....min. |
|---|---|---|---|
| about 28 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston Salem North Carolina

MOTHER FATHER

13. NAME John Cowales

14. BIRTHPLACE (city or town) (State or country) Winston Salem North Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Oct 3 1935

19. UNDERTAKER

(Address)

20. FILED Oct 3 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other contributory causes of importance: Streptococcus pneumothorax

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Wright M. D.

(Address) 1105 S. Edward Ave.

1935 Sept 26 1:55 PM MORGUE

M. D. B 1268-9

F 16431

# 16431 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 858 W. Fayette St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Frank Dickey

(a) Residence: No. Not Known St., .....Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Not Known |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Not Known

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| About 60 Yrs. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct 3d 19 35

19. UNDERTAKER .....

(Address)

FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholism | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Oldham M. D.

Coroner

(Address) 2737 W. North Ave

M. D. B. 1268-9

F 16432

16432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Schools

(a) Residence: No. 9214 N. Chester St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 2 days | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Martin Schools

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Octavia Price

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Mother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 3rd 1935

UNDERTAKER

(Address)

FILED ... 19... Registrar.

1935 1761 # 8 A

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 2, 1935

I last saw her alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 11:20 am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ruth Finkelstein M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 16433

# F 16433 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46F

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St., 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Harry Katzenberger

(a) Residence: No. Mt. Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 24—1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H Katzenberger

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary A Bell

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Louis A. Katzenberger

(Address) 411 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Oct 4 1935

UNDERTAKER Chas. E. Grace & Son

(Address) 118 W. Lexington St

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935 to Oct 2, 1935

I last saw him alive on Oct. 2, 1935 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of the head of the Pancreas | 1933 |

Other contributory causes of importance:

None

Name of operation Cholecystgostenterostomy Date of Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis B Mulvey M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 16434

16434

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

201-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Daniel A. Leonard

(a) Residence: No. 29 E. Mt. Vernon Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Marie Burke

6. DATE OF BIRTH (month, day, year) ----- 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | ---- | ---- | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mus

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME David Leonard

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) "
(State or country) "

INFORMANT Daniel B. Leonard
(Address) 2215 St. Paul St.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/4 35

UNDERTAKER Henry W. Meyer & Son
(Address) 805 N. Calvert St.

FILED 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain following explosion of powder - Injury | Oct 1 - 1935 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 1 - 1935

Where did injury occur? Stone Quarry Dist. 7
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Industry / not on Md employee.

Manner of injury ...

Nature of injury Blown Explosion

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify ...

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

16435 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16435

## CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6019 Smith Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Catharine M. Stackhouse

(a) Residence: No. 6019 Smith Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Stackhouse

6. DATE OF BIRTH (month, day, year) August 26, 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schuyler Co New York

13. NAME Harvey C. Olmsted

14. BIRTHPLACE (city or town) (State or country) Pine Grove New York

15. MAIDEN NAME Lydia B. McConnell

16. BIRTHPLACE (city or town) (State or country) Bluff Point, Yates Co New York

INFORMANT Mr. S. T. Stackhouse

(Address) 6019 Smith Ave.

BURIAL, CREMATION, OR REMOVAL

Place Montour Falls, N.Y. Date Oct 4 19 35

UNDERTAKER J. B. Cook

(Address) 1003 W. Baltimore St.

FILED 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 - 19 35 to October 3rd 19 35

I last saw her alive on October 3 19 35. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic hypertension and chronic nephritis | 9 yrs |
| Other contributory causes of importance: | |
| acute Pulmonary Edema | Oct 3 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert Lindsay M. D.

(Address) 2112 Maryland Ave.

F 16436

16436

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

105

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Russell Johnson

(a) Residence: No. 1041 Sara Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 18, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ruby Phillips

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Parents
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 10/3 1935

19. UNDERTAKER Wm. Nate P. Williams
(Address) 322 N. Schroeder St

20. FILED 1935 E. Lee Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

8

21. DATE OF DEATH (month, day, year) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1935 to Oct 2, 1935

I last saw h— alive on Oct 2, 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus laryngitis | 9-24-35 |
| Tracheotomy operation | 9-27-35 |
| Heart failure | 10-2-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Laryngeal obstruction

Name of operation Tracheotomy Date of 10-1-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker M. D.

(Address) Sydenham Hospital

Spec.—9-30—A. & Co.—250 Bks.

F 16437

F 16437

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

92-a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3915 Barrington Road ST. 15 WARD)

2 FULL NAME Minnie S. Neubaum

(a) RESIDENCE NO. 3915 Barrington Road ST., ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23, 1885

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 10 | 10 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Mfg Furs 0008

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Utica New York

10 NAME OF FATHER: Michael Neubaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sarah Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Rhea Neubaum
(Address) 3915 Barrington Rd

Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1935

17

I HEREBY CERTIFY, That I attended deceased from 3/16, 1933, to 10/3, 1935

that I last saw her alive on 10/2, 1935

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) mitral stenosis; hypertension.

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical examination

(Signed) A. L. Silver M. D.

10/3 1935 (Address) 3703 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Utica New York

DATE OF BURIAL 10/3 1935

20 UNDERTAKER: Sol Levinson & Bros

ADDRESS 1127 E Balto st

M. D. B 1268-9

16438 F 16438

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey J. Louden, Jr. If U. S. Veteran specify WAR No

(a) Residence: No. 616 E. St, Sparrows Pt. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Aug. 9, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 22 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Analysist Chemical Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) Oct 26

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Sparrows Point, Md.

FATHER

13. NAME Harvey J. Louden

14. BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

MOTHER

15. MAIDEN NAME Mary H. Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harvey J. Louden
(Address) 616 E. St. Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct. 5, 1935

19. UNDERTAKER J. Sam T. Penny
(Address) 415 Eye-St

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prob Fractured skull | Oct. 35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Oct 2, 1935

Where did injury occur? Eastern Ave Underpass
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Underpass Street

Manner of injury ...

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Hubert Bayley Forbes M. D.
Coroner

(Address) 5402 Park Heights Ave

Auto Car struck Patient at Underpass & Fractured Skull

16439 F 16439

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Druid Hill Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dan'l Smith

If U. S. Veteran specify WAR

(a) Residence: No. 2209 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Smith

6. DATE OF BIRTH (month, day, year) March 4th 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 6 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

15. MAIDEN NAME Lizzie Chamberlain

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Helen Smith

(Address) 2209 Druid Hill Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 3 1935

UNDERTAKER Wm Field & Sons

(Address) 1800 Eutaw Pl.

FILED 1935 Examined by [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/ 1935, to 10/2 1935

I last saw him alive on 10/2 1935. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Labor Pneumonia | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Rhett M. D.

(Address) 1434 Eutaw Pl.

M. D. P. 1268-9

✓ F 16440

16440

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 E. Lorraine Ave St., 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. J. Altwater

(a) Residence: No. 440 E. Lorraine Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Altwater

6. DATE OF BIRTH (month, day, year) 2/19/1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Altwater

14. BIRTHPLACE (city or town) (State or country) Fallingbostel Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laura L. Altwater

(Address) 440 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Woodland Memorial Cemetery Date 10/5 1935

19. UNDERTAKER Howard T. Blight Jr

(Address) 1418 N. Gay St.

FILED 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Oct. 2, 1935

I last saw him alive on Oct. 2, 1935. Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic cardio-vascular-renal disease | ? |
| Other contributory causes of importance: Coronary thrombosis | 3 days |
| Uremia | 24 hours |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify A. A. Foreman

(Signed) 2340 Eutaw Place, M. D.

(Address) .....

Spec.-7-17-26-A Co.-200 Bks.

F 16441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16441

## CERTIFICATE OF DEATH

REGISTERED NO. 108

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MRS. CHARLES SWITZER (Mary K)

(a) RESIDENCE NO. 15 GLYNDON AVE., GLYNDON Ward MD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. da.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | W | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Switzer

6 DATE OF BIRTH (month, day, and year) Oct 13 1872

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| 62 | 63 | 11 | 21 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co

(State or country)

PARENTS

10 NAME OF FATHER George Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Penna.

12 MAIDEN NAME OF MOTHER Charlotte McCleary

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Penna.

14 Informant Mrs Elsie Brown

(Address) Homewood Apts. Balto Md.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935 to Oct 3, 1935, that I last saw her alive on Oct 3, 1935, and that death occurred, on the date stated above, at 11:55 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, bilateral

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic heart disease + hypertension

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Harold N. Doby, M. D.

10, 3, 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL All Saints Cemetery — Date of Burial Oct 6 1935

20 UNDERTAKER J. F. C. Sims & Sons — ADDRESS Reisterstown Md

1935

F 16442 ✓ F 16442

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Boone

(a) Residence: No. 437 Henrietta St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25 - 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Tubbs

14. BIRTHPLACE (city or town) (State or country) Alabama

15. MAIDEN NAME Eleanor Boone

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother

(Address) 437 Henrietta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date October 4 1935

19. UNDERTAKER Joseph G. Lively

(Address) 409 N. Mount Street

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-28-35, 1935 to 10 - 1, 1935

I last saw h~~e~~ alive on 10 - 1, 1935 Death is said to have occurred on the date stated above, at 7:55 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 9-21-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Otitis media | 9-26-35 |
| Septicemia | 9-30-35 |

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) R B Jones M. D.

(Address) Baltimore City Hospitals

F 16443

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16443

108

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Payton Johnson

(a) Residence: No. 1016 N. Stricker St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances.

6. DATE OF BIRTH (month, day, year) 2/22/1907.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 28 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer p/t

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Williams Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Johnson.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Spicer Griffin 1016 N. Stricker

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 10/5 35 19....

19. UNDERTAKER Wm. A. Jackson

(Address) 916 Pennsa ave

FILED ..... 19.... ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1935 to 10/1 1935

I last saw h[illegible] alive on 10/1 1935 Death is said to have occurred on the date stated above, at 10 35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 11 day |
| Pneumococcus meningitis | day |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G. Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1968-9

F 16444

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16444

## CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Stony Run Lane St., 12 Ward)

Length of residence in city or town where death occurred 46 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Buttles Powell

(a) Residence: No. 205 Stony Run Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Chilton Powell

6. DATE OF BIRTH (month, day, year) Jan. 28 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 9 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbus, Ohio

13. NAME Charles J. Hardy

14. BIRTHPLACE (city or town) (State or country) Lebanon, Ohio

15. MAIDEN NAME Sarah Buttles Hardy

16. BIRTHPLACE (city or town) (State or country) Columbus, Ohio

INFORMANT Arthur Chilton Powell

(Address) 205 Stoney Run Lane

BURIAL, CREMATION OR REMOVAL

Place Druid Ridge Cem Date Oct 5 1935

UNDERTAKER H. W. Jenkins & Sons Co

(Address) Mt. Lucas & Eutaw Sts

FILED ..... 19..... Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCTOBER 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1924 to Oct 1st 1935

I last saw her alive on October 1st 1935. Death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CHRONIC Myocarditis | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Sheare M. D.

(Address) 3801 N CHARLES ST

F 16445

M. D. B. 1268-9

F 16445

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH South Baltimore General Hosp.

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Trust

(a) Residence: No. 115 E Cross St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Josephine Trust

6. DATE OF BIRTH (month, day, year) Nov 27 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 65 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Trust

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known " "

17. INFORMANT Mrs Josephine Trust

(Address) 115 E Cross St

18. BURIAL, CREMATION, OR REMOVAL Woodland Memorial Park Cem Date Oct 5 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED ..... 193... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to October 3 1935

I last saw h[illegible] alive on October 3 1935 Death is said to have occurred on the date stated above, at 5.17 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia with Uremic Coma | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio-Vascular Renal disease | |

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] D. Wolfe M. D.

(Address) South Baltimore Hosp.

F 16446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16446

23

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Warren Ave. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary W. (Mollie) Littlefield

(a) Residence: No. 204 Warren Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 10/863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 72 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John W. Littlefield

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Sallie C. S. Byrd

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ida M. Byrd

(Address) 204 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 4, 1935

19. UNDERTAKER John T. Penny

(Address) 715 Light St

20. FILED Oct 4 1935, 19..... Baltimore, Md. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1935, to October 1, 1935

I last saw her alive on Sept 30, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date at onset |
|---|---|
| Acute Pulmonary Tuberculosis | January 1935 |
| Chronic | |
| Other contributory causes of importance: Chronic Myocarditis | July 1935 |

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Chas Heller, M. D.

(Address) 1225 N. Charles ST.

F 16447

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16447

108

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR.....

2. FULL NAME Beatrice Wright

(a) Residence: No. 537 W Lafayette Ave St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/25/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 1 | 1 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Ernest Holland

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ruth Wright

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ruth Wright

(Address) 537 W. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/4 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

FILED 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept ....., 19....., to Sept 30, 1935

I last saw her alive on Sept 30, 1935 Death is said to have occurred on the date stated above, at 5 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis left leg & foot | 9/13/35 |
| Other contributory causes of importance: Bilateral Lobar pneumonia | 9/25/35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Warren, M. D.

(Address) Union Hosp.

F 16448

M. D. B. F-9 F 16448

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 210-M

Registered No.....

1. PLACE OF DEATH Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR Yes Spanish War

2. FULL NAME Frank Graham

(a) Residence: No. 857 Argyle Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Graham

6. DATE OF BIRTH (month, day, year) March ? 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 45 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as ~~ship~~ sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date last worked at this occupation (month and year) 9-22-35

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Graham N. C.

13. NAME Hugh Graham

MOTHER

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Eugene ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Minnie Graham
(Address) 1503 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Oct 6 35 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1302 Preston Ave St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-35 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Ribs Right & left Chest | 9-22-35 |
| " Rt Clavicle | " |
| Pneumothorax | " |
| | |
| | |
| Other contributory causes of importance: Terminal Hypostatic Pneumonia | 9-25-35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 9-22 19 35

Where did injury occur? Poplar & Mulberry Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto collision Thrown out car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gilbert Coffee M. D.
Coroner

(Address) 5 W. Mt. Royal Ave

F 16449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16449

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3916 Elm Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida M. Foster.

(a) Residence: No. 3916 Elm Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Foster.

6. DATE OF BIRTH (month, day, year) June 30, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 65 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME James Finnigan.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Sarah J. ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT William J. Foster.

(Address) 3916 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn. Date Oct 5 1935

19. UNDERTAKER Thomson & Son.

(Address) 3615-17 Chestnut Ave.

FILED ..... 19— ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935 to Oct 3rd, 1935

I last saw her alive on Oct 3rd, 1935. Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis & Arteio-Sclerosis | 7 yrs |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebral Hemorrhage | 3 days |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Hiram Drueding M. D.

(Address) 846 W 36 St. Balto.

F 16450 Gastringer F 16450

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt'l Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anne Gastfinger

(a) Residence: No. 2218 E. Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gastfinger

6. DATE OF BIRTH (month, day, year) 12-24-84

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 50 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? ? 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Paul ? Md

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT (Address) Balto. City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct 5 1935

19. UNDERTAKER (Address) Martin H. Dippel 37 S. Ann St.

20. FILED 1935 ... 19 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1935 to 10-2 1935

I last saw him alive on 10-2 1935 Death is said to have occurred on the date stated above, at 1215 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia, Right | 3d |
| Empyema, Right | 2 wks |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9-26-35

For what disease or injury? Empyema, Right

Name of operation Thoracotomy Date of 9-27-35

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Balto City Hospt

M. D. B. 1268-9

F 16451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16451

## CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3443 Guilford Terrace St. 12 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev.Dr. ADAM SNYDER WEBER

(a) Residence: No. 3443 Guilford Terrace St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lora Jefferson Weber

6. DATE OF BIRTH (month, day, year) Nov.18.1851

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 55yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME John Henry Weber

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs.Lora J.Weber (Wife)

(Address) 3443 Guilford Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Oct.4.1935

19. UNDERTAKER HENRY SANDER & SONS.INC.

(Address) Baltimore & Broadway.

FILED ..... 1935 ..... 19 .....

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1,1835

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Oct 1 1935

I last saw him alive on Oct 1 1935 Death is said to have occurred on the date stated above, at 3.45p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis - Coronary Thrombosis | Sept.30 '35 |
| | |
| | |
| | |
| Other contributory causes of importance: Senility | Some |
| | |
| | |
| | |

Name of operation — Date of

What test confirmed diagnosis? Physical Clinical Chemical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify —

(Signed) Rev. L. Weber M. D.

(Address) 24 E 39 St

M. D. B 1268-9

F 16452

16452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1936

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W. Biddle St., 17 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Verlaine Newton Palmer

(a) Residence: No. 528 W. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur James Palmer

6. DATE OF BIRTH (month, day, year) May 25 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 39 | 4 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 20 37

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

FATHER

13. NAME William Newton

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

17. INFORMANT Arthur James Palmer
(Address) 528 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 4 1936

19. UNDERTAKER Nicholas Halstead
(Address) 1128 Druid Hill Ave.

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said I I find that said deceased came to death on the day stated above. 1130 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Ham Coroner, M. D.

(Address) 120 Hanover

M. D. P. 1268-9

Neiditch

# HEALTH DEPARTMENT CITY OF BALTIMORE

F 16453 F 16453

## CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Levindale St., 27 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Haiditch

(a) Residence: No. Belvedere Towers Apts Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Haidlen
(Address) Belvedere Towers

18. BURIAL, CREMATION, OR REMOVAL Workmen Circle Cemetery Date Oct 4 1935
(Place)

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 - 1 1934 to 10 - 3 1935

I last saw him alive on 10-3 1935. Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. card. vascular disease | |
| Hypertension | |
| Paralysis agitans | |
| Other contributory causes of importance: left inguinal hernia | |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) Levindale

F 16454

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16454

V 51-F

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 Hanover St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Krausz

(a) Residence: No. 1333 Hanover St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Russell Krausz

6. DATE OF BIRTH (month, day, year) August II, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 68 | I | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Krausz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ella Krausz
(Address) 1333 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 4, 1935

19. UNDERTAKER Margaret F. Flynn
(Address) 1422 Light St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October I, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to Oct. 1, 1935

I last saw him alive on Sept. 26, 1935. Death is said to have occurred on the date stated above, at 5P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| rupture of femoral vein | Oct 1 1934 |
| metastasis in right inguinal region | |

Other contributory causes of importance:

Was an operation performed? Yes. Date of 6-9-31

For what disease or injury? Cancerous of penis

Name of operation amputation of penis Date of 6-9-1931

What test confirmed diagnosis biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry Weibel, M. D.

(Address) 1224 Hanover St

F 16455

F 16455

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1004 N. Carey St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Martha Ellen Hackett

(a) Residence: No. 1004 N. Carey St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | We | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hackett

6. DATE OF BIRTH (month, day, year) Feb. 14 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Frank Smith
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Harriett Ballard
16. BIRTHPLACE (city or town) (State or country) Bath Md
17. INFORMANT Wm Hackett
(Address) 1004 N. Carey St
18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Oct 6 1935
UNDERTAKER Samuel J. O'Hare Sr
(Address) 638 N. Eutaw St
FILED Oct 6 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1935 to Oct 3 1935
I last saw h[illegible] alive on Oct 2 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Disease (Mitral Regurgitation) | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D J Carroll M. D.
(Address) 109 W Hoffman St

F 16456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16456

✓ 168

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 Rutland Ave. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irwin (Irby) Wright.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1036 Rutland Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 16-1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ✓ | 70 | 21 | 11 | 15 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Factory

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Frank Wright

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Phoebe Wright

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Bertha Keene

(Address) 1036 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Clermont S C Date Oct 4th 1935

19. UNDERTAKER Ida Snowden

(Address) 1129 Carrollton Ave.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1935 to Oct 1 1935

I last saw he alive on Oct 1 1935. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset Sept 25 1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 507 Marquette St.

16457 F 16457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Road St., 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Harry C. Gaither

If U. S. Veteran specify WAR .....

(a) Residence: No. Embassy Apts St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida B Gaither

6. DATE OF BIRTH (month, day, year) Sept 10 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 81 | 0 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fluid Judy Orphans Court

10. Date deceased last worked at this occupation (month and year) about Oct 1934

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm. B. Gaither

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Mrs Gaither Johnson daughter

(Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 5 1935

19. UNDERTAKER Stewart Memorial Co.

(Address) 108 W Mulberry St.

20. FILED Oct 7 1935 Registrar.

NPW

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1927 to Oct 3 1935

I last saw him alive on Oct 2 1935. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Gradual |
| Arterio-sclerosis | over |
| Hypertension mild | |
| Other contributory causes of importance: | |
| Pulmonary Edema | 2 days |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W H Brady, M. D.

(Address) 1403 Park ave.

F 16458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16458

91a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 20
CITY OF BALTIMORE: (No. Redwood & Greene St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Nancy Futch [FUTCH] If U. S. Veteran specify WAR

(a) Residence: No. 2636 Fredrick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30 1920

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 15 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Futch

14. BIRTHPLACE (city or town) (State or country) Savannah Ga.

MOTHER

15. MAIDEN NAME Nancy Bell

16. BIRTHPLACE (city or town) (State or country) Savannah Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 5, 1935

19. UNDERTAKER Wm. Tuckner & Son
(Address) York & Penna ave

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935 to October 3, 1935

I last saw h[illegible] alive on October 3, 1935 Death is said to have occurred on the date stated above, at 8:37 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Staphylococcic Septicemia | |
| Multiple Metastatic abscess | |
| Massive Pulmonary Infarction | |
| Bilateral Empyema | |
| Other contributory causes of importance: | |
| Acute Bacterial Endocarditis | |
| Cardiac Failure | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry M. Robinson Jr. M. D.
(Address) University Hospital

F 1035 8-35 A

M. D. B 1218-9

F 16459

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16459

## CERTIFICATE OF DEATH

+ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Owens Burgess

If U. S. Veteran specify WAR

(a) Residence: No. 817 S. Street Sparrows Pt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 18 | 19 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Pt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Howard Burgess

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Alice Myrtle Bennett

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Howard Burgess

(Address) 817 S. Street Sparrows Pt.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date Oct 5 1935

19. UNDERTAKER Lilly & Zeile Inc.

(Address) 1031 W Fayette St.

20. FILED Oct 5 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy and from information received from (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I. Skull fracture | |
| Other contributory causes of importance: | |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 10/3 1935

Where did injury occur? Boston Av Underpass

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto Accident struck underpass

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harlan Bailey Bosse M. D.

Coroner

(Address) 542 Post Office Bldg

Instructions on back of certificate.

M. D. B 1268-9

F 16460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16460

## CERTIFICATE OF DEATH

186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George F. Kalmbacher

(a) Residence No. 5012 Edmondson St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie A. Short

6. DATE OF BIRTH (month, day, year) Nov. 4, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 10 | 329 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Mgr. Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Car Corp.

10. Date deceased last worked at this occupation (month and year) Sept. 9, 1935

11. Total time (years) spent in this occupation. 16 yrs

12. BIRTHPLACE (city or town) (State or country) Wilm. Del.

13. NAME George F. Kalmbacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hattie Schmidt

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Mollie A. Kalmbacher

(Address) 5012 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL. 10/7/35

Place Lombardy Westminster Cem.

UNDERTAKER Thos. Kehoe & Son

(Address) 2563 Edmondson Ave

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.25 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | Oct 3 1935 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | 9 yrs |
| Hypertrophic Arthritis of Vertebrae Dorsal | .. |
| Contusions & Hematoma Right Back | .. |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 18, 1935

Where did injury occur? Curtis Bay Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell 40 ft. Ladder 20 ft.

Nature of injury Shock & Crushing wounds

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Hurt while at work

(Signed) Oscar B. Wallace M. D. Coroner

(Address) 1031 St. Paul St.

16461

F 16461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓31

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Carnaccio If U. S. Veteran specify WAR W. W.

(a) Residence: No. 113 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 27, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Produce

10. Date deceased last worked at this occupation (month and year) 1 yr. 4 mo.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Gabriel
(State or country) La.

FATHER

13. NAME Salvatore Carnaccio

14. BIRTHPLACE (city or town) Sicily
(State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Tuminello

16. BIRTHPLACE (city or town) Sicily
(State or country) Italy

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/5th, 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore, Md.

20. FILED 10/5, 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1935 to October 3, 1935

I last saw him alive on October 3, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pericarditis, chronic, tubercular | 4-34 |
| | over |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. H. Anderson, M. D.

10/7 35 (Address) U.S. Marine Hospital, Baltimore

F 16462

16462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Aisea Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas J. Kundle

(a) Residence: No. 2818 Aisea Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaretha G. Kundle

6. DATE OF BIRTH (month, day, year) Feb. 21, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 82 | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packer.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Albert Kundle

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mr. Joseph Kundley
(Address) 2302 Monoah Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 5 1935

19. UNDERTAKER Leonard J. Rucks
(Address) 5305 Harford Road

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935, to Oct 2nd, 1935

I last saw h... alive on Oct 1st, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Cardio-Renal-Vascular disease (Arterio-Sclerosis) | about 4 yrs. |

Other contributory causes of importance:
Emphysema; Bronchitis
Senility

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw Place

F 16463

16463 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Arabia Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Adele Pace

(a) Residence: No. 5507 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. L. Pace

6. DATE OF BIRTH (month, day, year) 10-15-1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Joseph Conrad

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Mary Ingersoll

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Anna E. Conrad

(Address) 5507 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem Date 10/5- 1935

19. UNDERTAKER Leonard J. Rentzel

(Address) 5305 Harford Rd.

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23 1935 to Oct 3 1935

I last saw her alive on Oct 2 1935 Death is said to have occurred on the date stated above, at 12 45- a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Apoplexy) | Oct 2/35 |
| Other contributory causes of importance: arterio-Sclerosis | many years. |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Norris B. Green M. D.

(Address) 5543 Harford Rd Hamilton Balto Md.

F 16464

16464 HEALTH DEPARTMENT—CITY OF BALTIMORE

51-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2I E. West St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Sylvester G. Staylor

(a) Residence: No. 2I E. West St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Becker Staylor

6. DATE OF BIRTH (month, day, year) August I4, I860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 75 | I | I9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John P. Staylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Frank B. Staylor 2I E. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date October 5, 35

19. UNDERTAKER (Address) Margaret C. Flynn 1422 Light St.

20. FILED ..., 19.. ... Registrar.

RFH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3, 19 35

22. I HEREBY CERTIFY, That I attended deceased from October, 19 34, to October 3, 19 35

I last saw h.. alive on 10/2, 19 35 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Urinary Bladder | Probable June 1934 |
| Other contributory causes of importance: Progressive senile failure | 10/1/35 |

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation None Date of.....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Oscar Miller, M. D.

(Address) 1225 N. Charles Street

F 16465

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Belvedere Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William R. Ryan

(a) Residence: No. 3605 Belvedere Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Ryan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Howard

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Margaret Ryan
(Address) 3605 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Peters Date Oct. 5, 1935

19. UNDERTAKER Martin Baker & Sons
(Address) 1827 W. North Ave.

20. FILED Oct. 5 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Oct 3, 1935

I last saw him alive on Oct 2, 1935 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency | — |

Other contributory causes of importance:

Dropsy

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles J. Wells, M. D.

(Address) 1276 Park Heights Ave

Spec.—9-30—A. & Co.—250 Bks.

16466 F 16466

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

48

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... ST. 10 WARD)

2-FULL NAME Mrs. Dana Kapp

(a) RESIDENCE NO. 510 S. Bentalou St. ST., ..... WARD 10 V
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| f. | W. | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C Kapp.

6 DATE OF BIRTH (month, day, and year) Feb. 1 1873

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 8 | 2 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Don't know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Earl Blynn
(Address) 510 S. Bentalou St

15 Filed ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-35

17

I HEREBY CERTIFY, That I attended deceased from 9-27, 1935, to 10-3, 1935

that I last saw her alive on 10-3, 1935

and that death occurred, on the date stated above, at 2 40 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease with Auricular Fibrillation

Cerbral Embolism · 10-3-35

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) 3 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical examination

(Signed) George E. Burgtorf Jr. M. D.

. 19 35 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Maryland Memo. Park

DATE OF BURIAL Oct 5, 1935

20 UNDERTAKER John Ulrich

ADDRESS 2905 Eutaw St.

F 16467

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-a

Registered No. F 16467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Helen Virginia Cullen

(a) Residence: No. 601 Hollins Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 8 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 4 | 8 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Cullen

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Hanver

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD CEM. Date OCT. 5. 1935

19. UNDERTAKER John Ulrich
(Address) 2001 Eutaw St.

20. FILED ... 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1935 to Oct 2, 1935

I last saw her alive on Oct 2, 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alemkemic Lymphoid Leukemia | 9 Mo |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. A. Layton M. D.

(Address) Mercy Hospital

M. D. B 1268-9

F 16468

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16468

## CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Francis Kurzmiller

(a) Residence: No. 1211 62nd St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 31, 1934

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 1 | 1 | 4 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John H. Kurzmiller

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Deckmann

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT John H. Kurzmiller

(Address) 1211 62nd St. Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19[illegible] Registrar.

10-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus Meningitis | |
| | |
| | |
| | |
| Coma | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.

Coroner

(Address) 1914 E. North Ave.

Exact statement of ... See instructions on back of certificate.

M. D. B 1268-9

F 16469

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16469

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 Mission Ct. St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie James Roots

If U. S. Veteran specify WAR. World War.

(a) Residence: No. 539 Mission Ct. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Linsey.

6. DATE OF BIRTH (month, day, year) September 5th 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 41 | 0 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queens Co. Va

FATHER

13. NAME Solomon Roots

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Va. King & Queens Co. Va.

MOTHER

15. MAIDEN NAME Lucretia Phillips Johnson

16. BIRTHPLACE (city or town) (State or country) King & Queens Co. Va.

17. INFORMANT Joshua Roots

(Address) 1724 Trust St.

18. BURIAL, CREMATION, OR REMOVAL

Place King & Queen Co Va Date Oct. 6 1935

19. UNDERTAKER Eugene Waters

(Address) 213 N. Pine St.

20. 1935 Oct 4 [illegible] Baltimore, Md. Year. now

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of lungs | |

Other contributory causes of importance: Unknown

Was an operation performed? No Date of ✓

For what disease or injury?

Name of operation None Date of ✓

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Ham M. D.

Coroner

(Address) 215 Hanover

See instructions on back of certificate.

M. D. B. 1268-0

F 16470

# 16470 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16470

## CERTIFICATE OF DEATH

57

**1. PLACE OF DEATH**

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 409 Wyman Park Apts., St. ..... Ward 13

Length of residence in city or town where death occurred Baltimore yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** Bertha Ford

(a) Residence: No. 409 Wyman Park Apts. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry J. Ford

6. DATE OF BIRTH (month, day, year) Oct. 17, 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 82 | 83 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) New York City
(State or country) N. Y.

FATHER

13. NAME Ignatius Batory

14. BIRTHPLACE (city or town) Budapest
(State or country) Hungary

MOTHER

15. MAIDEN NAME Josephine Novak

16. BIRTHPLACE (city or town) Budapest
(State or country) Hungary

17. INFORMANT Mrs. Thomas Hildt
(Address) Brooklandville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date Oct 6 1935

19. UNDERTAKER Bertram M. Cole
(Address) Baltimore, Md.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931 to Oct. 4, 1935

I last saw her alive on Oct. 2, 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis | ? |
| Chronic Arthritis | ? |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Nichols M. D.

(Address) Pikesville, Md.

M. D. B. 1268-9

✓ F 16471

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16471

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 N. Calhoun St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada Dasshields

(a) Residence: No. 903 N. Calhoun St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Dasshields

6. DATE OF BIRTH (month, day, year) Nov. 30th 1888.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeping

10. Date deceased last worked at this occupation (month and year) 1/18/35 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Essex Va.

FATHER

13. NAME James Eagles

14. BIRTHPLACE (city or town) (State or country) Essex Va.

MOTHER

15. MAIDEN NAME Pinkey Sanders

16. BIRTHPLACE (city or town) (State or country) Essex Va.

17. INFORMANT Raymond Dasshields

(Address) 903 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 10/6 19 35

19. UNDERTAKER Wm. A. Jackson

(Address) 916 Pennsylvania Ave

20. FILED ..... 19 .....

Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1935 to Oct. 3rd 1935

I last saw h[illegible] alive on Oct. 1st 1935 Death is said to have occurred on the date stated above, at 5.05 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis with Endocarditis | 1/18/35 |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gunn M. D.

(Address) 523 N. Carlington Ave

M. D. P. 1268-9

F 16472

# F 16472 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

96 Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John V. Paulus

(a) Residence: No. 918 E. Month Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Mary A. Paulus

6. DATE OF BIRTH (month, day, year) March 23, 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 67 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John. J. Paulus

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Josephine Stoll

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary A. Paulus
(Address) 918 E. Month Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 7. 1935

19. UNDERTAKER Henry Stoeck Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED ...19... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1. 1935 to October 3. 1935

I last saw him alive on October 3. 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Aneurysm of abdominal aorta Ruptured | |
| 3. Chronic myocarditis | |

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

See instructions on back of certificate. Exact statement of

M. D. B. 1208-9

16473 ✓ F 16473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2 Fayette St., (or Ward) 15 Lochner

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Joseph A. Lochner

(a) Residence: No. 3922 Reisterstown Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Katherine M. Lochner

6. DATE OF BIRTH (month, day, year) May 18 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 46 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant General Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P. Telephone Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. 0086

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Lochner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Steinberger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Katherine M. Lochner

(Address) 3922 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Cemetery Date Oct. 7 1935

19. UNDERTAKER Henry Adreck Sons, Inc

(Address) 1201 E. Fayette St

20. FILED ... 19... Registrar.

5-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22 1935 to 10-4 1935

I last saw him alive on 10-4 1935 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Other contributory causes of importance: Lobar Pneumonia | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel S. Shanahan M. D.

(Address) Bon Secours Hospital

16474 HEALTH DEPARTMENT—CITY OF BALTIMORE 16474

94-a

# CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4506 Mainfield ave St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles F. Fickus
(a) Residence: No. 4506 Mainfield ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Doris Fickus

6. DATE OF BIRTH (month, day, year) Mar. 24 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 10 | 9 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutheran Ind. Home
10. Date deceased last worked at this occupation (month, day, year) 8/23/34
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balt

MOTHER FATHER
13. NAME Friedrich Fickus
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Frances Bayer
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Henry J. Fickus
(Address) 4506 Mainfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 7, 35

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

FILED Oct 5 1935 [illegible] Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/35

22. I HEREBY CERTIFY, That I attended deceased from June 6th 1931 to Oct 3rd 1935
I last saw him alive on Oct 3rd 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic myocarditis & angina pectoris | |

Was an operation performed? — Date of
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Carey Thomas M. D.
(Address) 4706 Harford Road 10/6/35

M. D. P. 1268-9

F 16475

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16475

161-D

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Matson St. 25 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David S. Ochs

(a) Residence: No. 3303 Matson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 3, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day 16 hrs. or ... min. |
|---|---|---|---|---|
| | | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herbert R. Ochs

14. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

MOTHER

15. MAIDEN NAME Nellie N. Rickerds

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Herbert R. Ochs
(Address) 3303 Matson St.

18. BURIAL, CREMATION, OR REMOVAL
Place (Mt. Olivet Cem.) Frederick, Md. Date Oct. 5, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light Street

20. FILED ... 1935 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1935 to October 5, 1935
I last saw h. 1m alive on October 4, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Asphyxia | |
| Other contributory causes of importance: | |
| Exhaustion | |

Name of operation None Date of ...

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. H. Campbell M. D.

(Address) 1644 Hanover Street.

Exact statement of ... See instructions on back of certificate.

M. D. B 1268-9

F 16476

16476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Franklin Square Hospital 18

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Waters

(a) Residence: No. 118 South Stockton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown,

6. DATE OF BIRTH (month, day, year) Dec. 30th 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 27 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halethorp, Md.

FATHER

13. NAME William Waters

14. BIRTHPLACE (city or town) (State or country) Elkridge Md.

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elsie Connor

(Address) 8 N. Calhoon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md. Date Oct 8, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 E Lexington St.

20. Filed 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage, Sudden. | |

Other contributory causes of importance:

Pulmonary Tuberculosis.

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hemorrhage Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

Instructions: Fill in all items if possible. Entry important. See instructions on back of certificate. Exact statement of

F 16477 ✓ F 16477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (T
CITY OF BALTIMORE: (No. Tuberculosis Division St., 20 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Kidwell (Frances Moore Kidwell) If U. S. Veteran specify WAR.....

(a) Residence: No. 3156 LeeDSt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kidwell

6. DATE OF BIRTH (month, day, year) Jan. 22, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 23 | 8 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Bertha Hawkins

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 7, 1935

19. UNDERTAKER Mrs. Katy A. Williams
(Address) 322 N. Edmondson Ave.

20. Filed 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1935 to October 1, 1935
I last saw her alive on October 1, 1935 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Dec. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlin M. D.
(Address) Baltimore City Hospitals

F 16478

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1201 Upton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write this word) |
|---|---|---|
| Male | Colored. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irene

6. DATE OF BIRTH (month, day, year): May 28 1888

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 4 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labore. (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER FATHER

13. NAME: Lincoln

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Sophie Williams

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: Oct 6, 1935

19. UNDERTAKER: Mrs Katie R. Williams
(Address): 322 N. Schroeder St.

20. FILED: 10-5-1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/23 1935 to 10/3 1935

I last saw him alive on 10/3 1935. Death is said to have occurred on the date stated above, at 2 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis c uremia | 3 mo. |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 16479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16479

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Mason

If U. S. Veteran specify WAR

(a) Residence: No. 509 Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | black | Separated |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Mason

6. DATE OF BIRTH (month, day, year) Sept 11 (?) 75

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 60 | ? ? | 27 ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ? 1070

12. BIRTHPLACE (city or town) (State or country) Rhode Island

FATHER

13. NAME Noah Pennell

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Balto City Hospt

(Address) Reported

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 7 1935

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 N Shroeder St.

20. FILED [illegible] 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1935 to 10-3 1935

I last saw her alive on 10-3 1935 Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | ? |
| | |
| | |

Other contributory causes of importance

Chronic Nephritis ?

Acute Peritonitis 3 Hrs

Was an operation performed? yes Date of 10-1-35

For what disease or injury? Carcinoma of Stomach

Name of operation Gastrojejunostomy Date of 10-1-35

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robt. F Mantz M. D.

(Address) Balto City Hospt

F 16480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16480

## CERTIFICATE OF DEATH

122-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 229 S. Castle St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna C. Gross

If U. S. Veteran specify WAR

(a) Residence: No. 229 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Gross

6. DATE OF BIRTH (month, day, year) Dec 24-1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Kloff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT George H. Gross

(Address) 229 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Date Oct 7th 1935

19. UNDERTAKER C. Fuller & Son

(Address) 2334 Jefferson St

Filed OCT 7-1935 Clifton Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1935 to Oct. 3, 1935

I last saw her alive on Oct. 3, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 3 days |
| Chr. Infections Arthritis | ? |

Other contributory causes of importance:

| | |
|---|---|
| Toxemia | 1 day |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Orrall Jenkins M. D.

(Address) 1000 Eutaw

M. D. B. 1268-9

F 16481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16481

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 W. Lee St. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ---- yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Eads.(C)

(a) Residence: No. 631 W. Lee St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of ----
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 0 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Patapsco Park, A.A.Co.Md

FATHER

13. NAME Robert Eads.(C)

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. ~~MAIDEN~~ NAME Beatrice Cager.(C)

16. BIRTHPLACE (city or town) (State or country) Shipley, A.A.Co.Md.

17. INFORMANT Beatrice Cager.(C) mother.
(Address) 631 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Oct 4th 19 35

19. UNDERTAKER Elroy Dewees
(Address) 1001 Brantley ave

FILED 5 1935 19 .... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Broncho pneumonia.
unknown.

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? inquiry Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Steinhardt M. D.
Coroner
10/4/35 (Address) 1017 E. Charles st.

F 16482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16482

## CERTIFICATE OF DEATH

46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., V Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ellen

(a) Residence: No. 1807 Aliceanna St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislaus

6. DATE OF BIRTH (month, day, year) Jan 16/56

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Thos. Lesakey

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Kath. ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records Bur.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 10/4 1935

19. UNDERTAKER John J. Duda

(Address) 2244 Hudson St

20. 1935 Huntington Millinery, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1935 to 10/2 1935

I last saw h[illegible] alive on 10/2 1935 Death is said to have occurred on the date stated above, at 10.05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Unknown |

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 16483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-141

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F 16483

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Bond St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Johnson

(a) Residence: No. 537 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Johnson

6. DATE OF BIRTH (month, day, year) Mar 15 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 31 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Alexander Patterson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frances Patterson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lilly Johnson

(Address) 164 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Ashley Cemetery Date Oct 5 1935

19. UNDERTAKER Milton Davis

(Address) 1424 E Monument St

5 FILED 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Sept 30 1935

I last saw her alive on Sept 30 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Uremic Hemorrhages | Sept 30 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Incomplete Abortion about 4 mo. Gestation probably Criminal | |

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard L Eisinger M. D.

(Address) 1514 Eutaw St

Exact statement of ... See instructions on back of certificate. ... important.

F 16484

# F 16484 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Brandt. If U. S. Veteran specify WAR No Record

(a) Residence: No. 16 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/3/1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Henrietta Henned

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Sept 5th 19 35

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED 19 Registrar.

5-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3 19 35

22. I HEREBY CERTIFY, That I attended deceased from 9/27 19 35 to 10/3 19 35

I last saw h live on 10/3 19 35 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 36 hr. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reich M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 16485

# F 16485 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 23 Ward)

Length of residence in city or town where death occurred 69 yrs. ~~6~~ mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel G. City

(a) Residence: No. 138 West Clement St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME George City

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Reynolds

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Frank City

(Address) 530 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. 10/7/35

19. UNDERTAKER Enge & Fayette

(Address) Eastern & Fayette

5 1935 ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1935 to October 4, 1935

I last saw him alive on October 4, 1935. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Carcinoma of penis | |
| 2. Regional metastases | |
| 3. Anemia chronic | |
| 4. Chronic myocarditis | |
| Other contributory causes of importance: | |
| 1. Myocardial failure | |

Name of operation Amputation penis Date of 9-20-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Mascuello M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

Very important. See instructions on back of certificate. Exact statement of

F 16486

M. D. F 16486

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3019 Pinewood Ave. St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dennis M. Hammer

(a) Residence: No. 3019 Pinewood Ave St., ..... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

X

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Sylvester H. Hammer

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose C. Kawalewski

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Sylvester H. Hammer

(Address) 3019 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Oct. 6 1935

19. UNDERTAKER Leonard P. Lynk

(Address) 2305 Linwood Rd.

OCT 6 1935 Huntington Phillips

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker M. D.

Coroner

(Address) 1919 E. North Ave.

IMPORTANT—This information is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 16487 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16487

# CERTIFICATE OF DEATH

x✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos..../....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME George S. Stoffle.

(a) Residence: No. Snydersburg, Carroll Co. Md. St., ....Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or HUSBAND of (or WIFE of) Mary A. Stoffle.

6. DATE OF BIRTH (month, day, year) January 4, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 9 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Sebastian Stoffle.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Hersh.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Horatio G. E. Stoffle. (son)
(Address) Manchester, Carroll Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place, Hanstead Md Date Oct 8 1935

19. UNDERTAKER Wm J Fuckner & Sons
(Address) Hanover Pa

FILED 10/6-1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1.10 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of the skull. | |
| Accidental fall in silo. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/5/35 19....

Where did injury occur? Manchester, Carroll Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Incustry.

Manner of injury Accidental fall.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

10/5/35 (Address) 1017 E. Charles St.

F 16488

F 16488 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Anna Wiedeman
(a) Residence: No. 5106 Redmond Way Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustav Wiedeman

6. DATE OF BIRTH (month, day, year) Aug 6 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 7 | 28 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Hotel
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Peter Pickert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Joanna Seuty
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balt. City Hospitals
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Oct 8 1935

19. UNDERTAKER Wm J Loskey & Sons
(Address) North & Fa

... Registrar

OCT 6 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-29 1935 to 10-4 1935
I last saw her alive on 10-4 1935 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Left Breast | ? |
| | |
| Other contributory causes of importance: Generalized Carcinomatosis | ? |

Was an operation performed? Yes Date of ?
For what disease or injury? Carcinoma Left Breast Several years ago
Name of operation Radical Mastectomy Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt J Masten M. D.
(Address) Balto City Hospitals

Instructions on back of certificate.

16489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16489

# CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 St Paul St St., 17 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elihu Fields Barker

(a) Residence: No. 1710 St Paul St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarinda L Barker

6. DATE OF BIRTH (month, day, year) April 11 1867

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 5 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Apr 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Fields Barker

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Levina De Moss

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Miss Joyce Barker
(Address) 1710 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Oct 5 1935

19. UNDERTAKER Wm J Tuckwell & Sons
(Address) North & Lanvale Sts

FILED OCT 6 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1931 to October 5, 1935

I last saw him alive on October 5, 1935 Death is said to have occurred on the date stated above, at 5:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of prostate | 3/12/34 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension, nephritis and arteriosclerosis | ? |

Was an operation performed? No Date of March 12, 1934

For what disease or injury? Enlarged prostate

Name of operation Prostatic Surg. Date of 3/12/34

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Holmes Lloyd M. D.

(Address) 104 W. Madison St.

Instructions on back of certificate.

M. D. B 1268-9

F 16490

F 16490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH St Joseph Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 14th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME James Hughes

(a) Residence: No. 411 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| Last | 80 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hughes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anne -?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Anna H Conway

(Address) 137 Oakdale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Oct 7 1935

19. UNDERTAKER Wm J Lefkowitz Sons

(Address) North & Gay

FILED OCT 6 - 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Treated Colitis | 9-27-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-27 1935

Where did injury occur? Taylor ave & Forest Park Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Auto

Manner of injury Fell off running board of car and fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wilbur Dutton Latrobe M. D.
Coroner

(Address) 1 E Franklin St

F 16491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16491

## CERTIFICATE OF DEATH

✓ 160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 E. Baltoh St., No Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant Kasiotis

(a) Residence: No. 3215 E. Balt St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| In | W | Child |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Oct 5-1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 11 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lit

FATHER

13. NAME Michael Kasiotis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Helen Takas

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Michael Kasiotis

(Address) 3215 E. Baltoh

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Oct 5, 1935

19. UNDERTAKER John A. Inman

(Address) 3000 E. Baltoh St

20. FILED Oct 6 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Oct 5th 1935

I last saw h[illegible] alive on Oct 5 1935. Death is said to have occurred on the date stated above, at 1 1/5 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia due to. | |
| High fever. | |
| Uterine Inertia | |
| Face Presentation | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury as above

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thos. H Magnire, M. D.

(Address) 14 E. Read St Vernon 2689

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. H. 126-29 F 16492

F 16492

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH + 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Marcus

(a) Residence: No. 23 Francis St Augusta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, 10 hrs. or ... min. |
|---|---|---|---|
| | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Edward Marcus

14. BIRTHPLACE (city or town) Penn (State or country)

MOTHER

15. MAIDEN NAME Sara Shapiro

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rosedale Date 10/6/35 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

FILED ... 19 ... Registrar.

OCT 5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6:00 A.M. Oct. 4, 1935 to 4:30 P.M. Oct. 4, 1935

I last saw h.im alive on Oct. 4, 1935. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel Diener, M. D.

(Address) Sinai Hospital

Exact statement of ... required. See instructions on back of certificate.

M. D. 126

F 16493

F 16493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 121

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Hattie M Wynn

(a) Residence: No. 8039 ST Sparrows Pt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wynn

6. DATE OF BIRTH (month, day, year) April 1-1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Al Hudson Meyers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minerva Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Wynn

(Address) 8039 St Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 7 19 35

19. UNDERTAKER Samuel H Cross Inc

(Address) 658 E Eager

FILED OCT 5-1935 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Appendicitis | Sept 30 |
| Peritonitis Acute | 1935 |

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? none

Name of operation Unperformed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S P Allen M. D.

(Address) 507 Augusta St

F 16494 ✓ F 16494

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S. Ann St. St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Lubinski

(a) Residence: No. 233 S Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Lubinski

6. DATE OF BIRTH (month, day, year) Unk.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antoni Czekalinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katie Gorlewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Thomas Lubinski

(Address) 233 S Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 7, 35

19. UNDERTAKER F. W. Ozazewski

(Address) 1930 Eastern Ave

20. FILED 19 Registrar

T 6-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29 1935 to Oct 4 1935

I last saw h alive on Oct 4 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset ?

Other contributory causes of importance:

asthma; Hypertension — ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify?

(Signed) Leo J. Kulacky M. D.

(Address) 126 S. Patterson Park Ave

Instructions: Every question must be answered. Exact statement of facts is very important. See instructions on back of certificate.

F 16495

F 16495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Strathmore Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John G. Yakel

(a) Residence: No. 2807 Strathmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | M |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa M. Kistner

6. DATE OF BIRTH (month, day, year) June 14, 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 46 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin decorating Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Yakel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Hann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Teresa M. Yakel.
(Address) 2807 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Cremated, Date 10-7 1935

19. UNDERTAKER Leonard J. Busch
(Address) 505 Hartford Rd

20. FILED 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1935, to 10/4, 1935

that I saw him alive on 10/4, 1935 Death is said to have occurred on the date stated above, at 1245 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Failure | 10/3/35 |
| Other contributory causes of importance: Rheumatic Cardio Vascular Disease | 5/1/35 |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Joseph H. Lauckaitis M. D.

(Address) 679 Washington Blvd

F 16496 Cecelia Johnson F 16496

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 956 Lombard St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecelia Johnson

(a) Residence: No. 956 Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | C. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day, year) 11-6-3-

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | under 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Jos. Jones

14. BIRTHPLACE (city or town) (State or country) Unk. Va.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Elmer Jones

(Address) 956 Lombard

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Alhambra Date 10/6/ 35

19. UNDERTAKER Walter B. Sprigg

(Address) 135 W. Lemmon St.

20. FILED OCT 7 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/25/35, 19 ..... to 10/3/35, 19 .....

I last saw h[illegible] alive on 10/1/35, 19 ..... Death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 9/25/35 |
| Other contributory causes of importance: Septicemia of Origin | |

Was an operation performed? None Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Lee Ellis, M. D.

(Address) 822 Madison Ave

M. D. B. 1268-6

16497 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16497

# CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 S. Charles St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 4 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Samuel S. Slagle.

(a) Residence: No. 1435 S. Charles St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Anna M. Slagle.

6. DATE OF BIRTH (month, day, year) December 1, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 77 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B. & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. car inspector. 6073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Slagle.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna M. Slagle. (wife)
(Address) 1435 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 8, 1935

19. UNDERTAKER C. Raynard Evans
(Address) 1[illegible] S. Charles St.

FILED OCT 5 - 1935 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis. | |

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto W. Steinhardt M. D.
Coroner

10/5/35 (Address) 1017 S. Charles St.

Instructions on back of certificate.

F 16498 ✓ F 16498

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127-6

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto City Hospt (Hosp., St., Ward) 25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie Harmon

(a) Residence: No. Curtis Creek, Curtis Bay Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Chas. Harmon

7. DATE OF BIRTH (month, day, year) May 1, 1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 6 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? (Home)

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jno. King

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Annie Evans

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Balto City Hospt
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Marley Church Cem Date Oct 7, 1935

19. UNDERTAKER H. Howard Evans
(Address) 1400-02 N. Charles St.

Huntington Williams Inc
(Signature)

20. FILED Oct 6 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-30-1935 to 10-4-1935

I last saw her alive on 10-4-1935 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Strangulated umbilical Hernia | 1 wk |
| Other contributory causes of importance: Bilateral Bronchopneumonia | 2 days |

Was an operation performed? Yes Date of 9-30-35

For what disease or injury? Strangulated Hernia

Name of operation Herniotomy Date of 9-30-35

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J. Mantfin M. D.

(Address) Balto City Hospt

F 16499 ✓ F 16499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas R. Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 878 Park Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) 3/23-1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 25 | 6 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Publishing

10. Date deceased last worked at this occupation (month and year) 10/35

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Wingate N C

FATHER

13. NAME Chas Thomas Lewis

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mary Yelverton

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT James T. Lewis, Jr.

(Address) 427 Eve St NW Washington D C

18. BURIAL, CREMATION, OR REMOVAL

Place Wilson N. C. Date Oct 6 1935

19. UNDERTAKER George L. Schnabel

(Address) 2101 Frederick Ave.

20. FILED ..... 19 ..... Registrar.

10-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture | 10/5/35 |
| Probable Ruptured Liver | |

Other contributory causes of importanre:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in Also the following:

Accident, suicide, or homicide? Accident Date of Injury 10/5 1935

Where did injury occur? Eutaw & Conway Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell under moving car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luther Burias Taylor M. D. Coroner

(Address) 1412 Park Ave

303 F 16500 CERTIFICATE CORRECTED 2-10-36 16500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 157-W

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 1 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ann Wolf

(a) Residence: No. 1800 Robert St., ..... Ward. New Orleans La

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/25/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Meyer La.

FATHER

13. NAME Leon Wolff Jr.

14. BIRTHPLACE (city or town) (State or country) Miss

MOTHER

15. MAIDEN NAME Cecile Heymann May (Springer)

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Lincoln Cem Washington, DC Date 10.6 1935

19. UNDERTAKER David Landheim & Son

(Address) 1702 Eutaw Place

20. FILED ..... 19 ..... Registrar

OCT 6 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1935 to Oct 6 1935

I last saw her alive on Oct 6 1935 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus, Congenital, | birth |

Other contributory causes of importance:

Was an operation performed? Yes Date of 9/27/35

For what disease or injury? Hydrocephalus

Name of operation Ventriculo Cranostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hospital

F 16501

501

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF DEATH

BALTIMORE: (No. 3 S. Frederick St. St., Ward)

of residence to city or town where death occurred 10 yrs. mos. 18 How long in U. S. If of foreign birth? yrs. mos. ds.

H U. S. Veteran

specify WAR

2. FULL NAME Otto P. Habercom

(a) Residence: No. 3 S. Frederick St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 28, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 61 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer when working

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country) Indiana

FATHER

13. NAME Ludwig W. Habercom

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elsie Prestorius

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Elsa H. Buckman
(Address) 736 Little Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem Date 10/7/35 19

19. UNDERTAKER Wm. S. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 7-1935 Notary for Williams, Ky

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1935 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to 9 P M death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 10/5/35 |
| | |
| | |
| | |
| Other contributory causes of importance: Cardiac Asthma; Myocarditis | 2 yrs |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Chas B. Williams M. D.

(Address) 1031 E. Lexington St.

M. D. F 1268-9

F 16502 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16502

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cecelia Forbes

(a) Residence: No. 3107 Elliott Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) Feb, 4th/1927

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 8 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Lawrence Forbes

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Florence Wisniewski

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Tillie Wisniewski Grandmother
(Address) 428 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Nebo Cem. Date Oct 8th 1935

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann St

20. FILED OCT 7 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 5th 1935

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10,20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 3rd Degree Burns | |
| Collodion body & face | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 4 1935

Where did injury occur? 3107 Elliott St, Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of injury Playing with matches

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Edwards Ave

Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. D. 16503

F 16503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

146-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 W. Mulberry St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret F. Boardley

(a) Residence: No. 213 W. Mulberry St St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Boardley.

6. DATE OF BIRTH (month, day, year) Nov. 10, 1904

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 11 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 10/1/33

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME William T. Bowe.

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Margaret F. Williams

16. BIRTHPLACE (city or town) (State or country) Wagenton Va.

17. INFORMANT Margaret William Bowe.

(Address) 1515 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Oct. 7, 1935

19. UNDERTAKER Robert E. McWilliams

(Address) 1515 McElderry St

20. FILED ..... 19..... Registrar.

OCT 7 - 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1935 to 10-2, 1935

I last saw h[illegible] alive on 10-2, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Lobar Pneumonia | 10/1/35 |
| (2) Intestinal Neplastis | [illegible] |
| Other contributory causes of importance: Cyesis & Toxemia. | 9/30/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Calvin B. LeCompte M. D.

(Address) 1118 N. Caroline St.

F 16504 F 16504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Whitehead

If U. S. Veteran specify WAR No Record

(a) Residence: No. 13 Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 9/22/60

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupatinn X

12. BIRTHPLACE (city or town) (State or country) Pottsburg Pa.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Shurley ?

16. BIRTHPLACE (city or town) (State or country) Englund.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/7/35

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 7 - 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/35

22. I HEREBY CERTIFY, That I attended deceased from 10/1/35 to 10/3/35

I last saw him alive on 10/3/35 Death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | ? |
| Hypostatic Pneumonia | ? |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

Type 3

information should be carefully supplied. Every question should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. F 16505

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16505

## CERTIFICATE OF DEATH

✓ 82-c

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME MRS. MARY BUTTNER

No War Record

(a) Residence: No. Church Home & Inf St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry O Buttner

6. DATE OF BIRTH (month, day, year) About 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 64 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little Rock Ark

FATHER

13. NAME (Mrs.) Steidemeyer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gilbert D Parsons

(Address) Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 10/8 1935

19. UNDERTAKER Wm Cobb

(Address) 1217 E Fayette St

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to Oct 4, 1935

I last saw h.e alive on Oct 4 1935. Death is said to have occurred on the date stated above, at 9:35 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis with Cerebral Arteriosclerosis and Encephalo-Malacia | 4 mos? |
| Other contributory causes of importance: Acute Parotitis (left) | 9/29/35 |
| Broncho pneumonia | 9/29/35 |

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vernon H Howard M. D.

(Address) Church Home & Infirmary

information should be carefully considered before answering. Questions should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

CT 1 - 1935

M. D. B 1268-9

F 16506 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16506

CERTIFICATE OF DEATH ✓ 112

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1612 Elmtree St. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Charles Mach.

(a) Residence: No. 1612 Elmtree St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of Sophia Mach.

6. DATE OF BIRTH (month, day, year) October 31, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 11 | 4 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho slovakia.

FATHER

13. NAME Anthony Mach.

14. BIRTHPLACE (city or town) (State or country) Czecho slovakia.

MOTHER

15. MAIDEN NAME Catherine Brown.

16. BIRTHPLACE (city or town) (State or country) Czecho slavakia.

17. INFORMANT Sophia Mach. (wife)

(Address) 1612 Elmtree St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C. a. Co. Date Oct 7. 1935

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED OCT 7 1935, 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.20 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Asthma. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Leinhardt, M. D.
Coroner

10/5/35 (Address) 1017 E. Charles St.

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16507

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16507

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Southern Hotel St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh Ferguson Parrish

If U. S. Veteran specify WAR

(a) Residence: No. 206 Middle St Portsmouth Ward. Va

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: White

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Parrish

6. DATE OF BIRTH (month, day, year): Aug 18-1872

7. AGE: Years 63 | Months 1 | Days 19 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

FATHER

13. NAME: Jas Parrish

14. BIRTHPLACE (city or town) (State or country): Portsmouth Va

MOTHER

15. MAIDEN NAME: Alice Toomer

16. BIRTHPLACE (city or town) (State or country): Portsmouth Va

17. INFORMANT: Emma Boykin Trant Parrish

(Address) Portsmouth Va

18. BURIAL, CREMATION, OR REMOVAL

Place: Portsmouth Va Date: Oct 9 1935

19. UNDERTAKER: John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ... 1935 ... Registrar.

10-7-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.45 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Dead on arrival | |
| (Probable Acute Angina. | |
| Other contributory causes of importance: Chronic Asthma | |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. L. Lichtenberg, M. D.

(Address) 1114 Madison Ave

INSTRUCTIONS: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 2

F 16508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16508

## CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. [illegible] Ward [illegible]

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Caulfield

If U. S. Veteran specify WAR

(a) Residence: No. 731 Greenmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/26/1862

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 73 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Hubert Caulfield

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Dolton.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Richard Bell.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 10/8/35 19

19. UNDERTAKER Conroy & Ruth Bros.

(Address) 1735 Harford Ave.

20. FILED [illegible] 19 [illegible] Registrar

OCT 7 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1935 to 10/5 1935

I last saw him alive on 10/5 1935 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of Death |
|---|---|
| 1 Bronchopneumonia | 7-22 days |
| 2 Arteriosclerosis | 3 " |
| 3 Polyp of bladder possibly | 5 " |

Other contributory causes of importance: Malignant Disease

Was an operation performed? Date of none

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

INFORMANT should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16509 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16509

**CERTIFICATE OF DEATH** ✓ 133

1. PLACE OF DEATH — Charles & 31st. Sts. — Registered No. .....

CITY OF BALTIMORE: (No. Homewood Aparts. St. 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Joshua Levering — If U. S. Veteran specify WAR .....

(a) Residence: No. Homewood Aparts. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Nellie Woods Levering

6. DATE OF BIRTH (month, day, year) — Sept 12. 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 90 | 0 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — retired grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — coffee merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore Md.

FATHER

13. NAME — Eugene Levering

14. BIRTHPLACE (city or town) (State or country) — Md.

MOTHER

15. MAIDEN NAME — Ann Walker

16. BIRTHPLACE (city or town) (State or country) — Md.

17. INFORMANT — Ernest D. Levering
(Address) Ruxton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Oct 7 19 35

19. UNDERTAKER — John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED OCT 7 - 1935 19 Huntington, W. Va. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Oct. 5. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from — 1900 — 19 ..... to OCTOBER 5 19 35

last saw him alive on OCTOBER 5 19 35 Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| UREMIA | SEPT 25 1935 |
| Other contributory causes of importance: ARTERIOSCLEROSIS — SYMP. & SIGNS | 1925 |
| CYSTO PYELITIS | 1919 |

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 16510

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16510

## CERTIFICATE OF DEATH

✓ 34293-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospl St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Williams

(a) Residence: No. 1209 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Williams

6. DATE OF BIRTH (month, day, year) 12/20/1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| Unknown | |

12. BIRTHPLACE (city or town) Richmond, Va.
(State or country)

FATHER

13. NAME John Johnson

14. BIRTHPLACE (city or town) Richmond, Va
(State or country)

MOTHER

15. MAIDEN NAME Jennie Coldiron

16. BIRTHPLACE (city or town) Richmond, Va
(State or country)

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 10/8- 1935

19. UNDERTAKER Geo. E. Holland
(Address) 1631 Druid Hill Ave.

20. FILED OCT 7 1935, 19 Hunter for Pillsbury, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1935 to Oct 5, 1935

I last saw her alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hem. | July 28 |
| Hypertensive Heart Disease. | |
| Bronchopneumonia | |

Other contributory causes of importance: Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Vallen Shermanton, M. D.

(Address) 1606 Penna. Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.D.

M. D. B. 1268-9

F 16511

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16511

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Druid Hill Ave St., 14 Ward)

Length of residence in city or ~~town~~ where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Smith Mossell

(a) Residence: No. 2029 Druid Hill Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Widowed |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of C. W. Mossell

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Henry Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary F. Sorrell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eva C McCard

(Address) 2029 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/7/35 19

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 2031 Druid Hill Ave

20. FILED CT 7 1935, 19 Hunter Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Oct 4, 1935

I last saw h~~er~~ alive on Oct 4, 1935. Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 1925 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. C. McCard M. D.

(Address) 2029 Druid Hill Ave

State CAUSE OF DEATH in plain words so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16512

# F 16512 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH University Hospital 8 Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Williams If U. S. Veteran specify WAR.

(a) Residence: No. 1127 N Caroline St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Color | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Nov 25th 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 53 | 10 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tallahassee Fla

FATHER

13. NAME Joseph Williams

14. BIRTHPLACE (city or town) (State or country) Tallahassee Fla.

MOTHER

15. MAIDEN NAME Henderson

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Carrie Williams
(Address) 1127 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Oct 8th 1935

19. UNDERTAKER Mrs Fitch A. Elliott daughter
(Address) 1124 Maryland Ave

20. FILED OCT 7 1935, 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1935, to Oct 4, 1935

I last saw h. alive on Oct. 4, 1935 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | Oct 3. |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Peirce, M. D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 7

F 16513

F 16513

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

133

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 818 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/19/1909.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26. | 8 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel Carroll

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Gale

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother

(Address) 818 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 8th 1935

19. UNDERTAKER Mrs R. A. Elliott - daughter

(Address) 112 E. Monument St. Huntington, W. Va.

OCT 7 1935

19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/2 1935 to 10/4 1935

I last saw her alive on 10/4 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Cyst one fibroides | 9/1/35 |
| | about |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

1. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 16513 **STATE OF MARYLAND—CERTIFICATE OF DEATH** F 16514

**1. PLACE OF DEATH** STROHMINGER 4 95-B

County ... Registration Dist. No. ...

Village or City Baltimore No. ... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Mrs Carrie Strohminger

(a) Residence: No. 3729 Foster Ave Ward (6 months in City)

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed or divorced (Husband) of (or) WIFE of Geo. Strohminger

6. DATE OF BIRTH (month, day, and year) June 5 - 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co

(State or country) Md.

FATHER

13. NAME Geo. Stengel

14. BIRTHPLACE (city or town) Balto

(State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) -

(State or country)

17. INFORMANT Mrs Katharine Hoffman

(Address) 3729 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 7 1935

19. UNDERTAKER John J. Connelly

(Address) Essex Md

20. FILED OCT 7 - 1935 Hunter Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Oct 4 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1933 to Oct 4 - 1935

I last saw her alive on Oct 4 - 1935, death is said to have occurred on the date stated above, at 5 AM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Arterio Sclerosis | years |
| " Hypostatic Congestion | |
| Complicated by Myocarditis | |

Other Contributory Causes of importance: -

Name of operation ... Date of ...

What test confirmed diagnosis? - Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. -

Manner of injury -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. Mace M. D.

(Address) Mountville Md

If more than one cause state, in detail, the conditions resulting in death, but do not enter modes of dying, such as heart failure, asphyxia, anemia, or uremia. Always state the disease causing the conditions which resulted in death.

If mailed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied. AGE should be entered CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16515

Dr-4-1-Wash-15

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 N. Calvert St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delma Neal Grubb

If U. S. Veteran specify WAR

(a) Residence: No. 2611 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pvt. James W. Grubb

6. DATE OF BIRTH (month, day, year) July 11th 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 2 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in her home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Willard Hall Neal

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME Elizabeth Knock

16. BIRTHPLACE (city or town) (State or country) Del.? USA

17. INFORMANT Mrs Chas M Grubb

(Address) 2611 N Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville, Md. Date 10/7/ 1935

19. UNDERTAKER Barton Bros.

(Address) Centreville, Md.

20. FILED OCT 7 - 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1930 to Oct 5, 1935

I last saw her alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| cerebral arteriosclerosis, | ? |
| arterial hypertension | 1929 1930 |
| Other contributory causes of importance: | |
| cerebral hemorrhage | 6/18/34 |
| cerebral hemmorrhage | 9/20/35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gerald L. Kemp, M. D.

(Address) 3030 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN

F 16516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16516

## CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Florence Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1816 Braddish Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Chas. Franklin Smith

6. DATE OF BIRTH (month, day, year) Nov. [illegible] 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Robert L. Brooke

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Mary S. Carson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eleanor Weyrauch. (Address) 2720 Edgewood Street

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Oct 8, 10AM 1935

19. UNDERTAKER Richard P. Thayer (Address) 1620 Eastern Ave St.

20. FILED OCT 7 - 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-19 . 1935 to 10-6 . 1935

I last saw her alive on 10-6 . 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute gangrenous appendicitis | |
| Other contributory causes of importance: Localized peritonitis | |

Was an operation performed? Yes Date of 10-3-35

For what disease or injury? Appendicular abscess

Name of operation Incision & drainage Date of 10-3-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip P. Beasley, M. D.

(Address) 1800 Eutaw Place

M. D. B. 1268-35

F 16517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16517

## CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles William Bramble.

(a) Residence: No. 3109 Poplar av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced (or) WIFE of Ada Bramble.

6. DATE OF BIRTH (month, day, year) Dec 87

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 8 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 6004

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consol. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Bramble

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Charlotte Bender

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Charles Bramble.

(Address) 3109 Poplar ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date 8th October 1935

19. UNDERTAKER L. Fox & Sons

(Address) 6269 Harford Rd.

FILED OCT 7 - 1935 Director

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 . 1935 to 10 - 5 . 1935

I last saw h~~im~~ alive on 10 - 5 . 1935 Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Meningitis | 1 wk |

Other contributory causes of importance:

| | |
|---|---|
| Extraction of tooth | 2 wks ago |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. [illegible] 16518 F 16518

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 259 Robert St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Carter

If U. S. Veteran specify WAR

(a) Residence: No. 259 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Carter

6. DATE OF BIRTH (month, day, year) Feb 19 1894

7. AGE: Years 41 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield Va.

FATHER

13. NAME Wm J. Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Goldman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillie Pendleton

(Address) 2434 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chesterfield Co Va Date Oct 7, 1935

19. UNDERTAKER Mrs Ethel C. Bailey

(Address) 1421 Jefferson St

20. FILED Oct 7 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Oct 3 1935 |

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. S. Allen, M. D.

(Address) 507 Augusta St Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1208-9

F 16519

# F 16519 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Pineheights Ave. St., 25 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher F. Lombard

(a) Residence: No. 1103 Pineheights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Lombard

6. DATE OF BIRTH (month, day, year) May. 14/1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 4 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Balto. School Board

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Christopher Lombard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ÓKeefe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Lombard
(Address) 1103 Pineheights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 8 1935

19. UNDERTAKER Tully & Eichelberger
(Address) 405 S. Wolfe St.

20. FILED OCT 7 - 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 6/15 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus | Sept. 5th |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Diabetes about three years. | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. H. Phillips Coroner . M. D.

(Address) 1939 Edmondson Ave.

F 16520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Poplar Grove St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William B. Barnes

If U. S. Veteran specify WAR No

(a) Residence: No. 1734 Poplar Grove St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Barnes

6. DATE OF BIRTH (month, day, year) May 20 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 4 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpursville N. Y.

FATHER

13. NAME Leaverett Barnes

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Rowena Buggles

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs Edith Barnes

(Address) 1734 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL

Place Taylor's Island Date Oct 9 1935

Dorchester Co.

19. UNDERTAKER Wm J Tuchner & Sons

(Address) Easton Md

20. FILED OCT 7 - 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Oct 6, 1935

I last saw ~~him~~ alive on Oct 6, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 3-1935 |
| Other contributory causes of importance: Arteriosclerosis | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Adelsperger M.D.

(Address) 2757 Ca. Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16521 F 16521

30459

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Shettle If U. S. Veteran specify WAR. .....

(a) Residence: No. 2409 Arlington Ave St., Ler Forks Maynard Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond

6. DATE OF BIRTH (month, day, year) 12/25/93

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | 9 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ? Price

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Connor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Hopewell Cem Date Oct 8th 1935

Not Deposited up

19. UNDERTAKER A. Jones (Address) 111 S. Gilmor St.

FILED OCT 7 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-2 1935 to Oct-5 1935

I last saw h.. alive on Oct 5 1935 Death is said to have occurred on the date stated above, at 2 00 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain Tumor, malignant? | Aug-'35 |
| Cerebral Hemorrhage? | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Stafford M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

✓ F 16522

16522

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Dukeland & Raynor Ave. Ward) 19

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura Webster

(a) Residence: No. 1841 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Webster

6. DATE OF BIRTH (month, day, year) Jan 24 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Sutton Easter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hilda Lewis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louis J. Webster
(Address) 1841 Ramsay

18. BURIAL, CREMATION, OR REMOVAL
Place Union Ch Date Oct. 8 1935

19. UNDERTAKER Harry H. Mintz
(Address) 2410 Edmondson Ave

20. FILED OCT 7 1935 Clinton Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1935 to Oct 5 1935

I last saw h.. alive on Oct. 5 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiovascular renal disease | 10 yrs ago |
| Decompensated Heart | |
| Terminal Bronchopneumonia | 2 days ago |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) George Schochet M. D.

(Address) West Baltimore General Hosp. Dukeland & Raynor Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16523

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16523

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Aisquith St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Johnson

If U. S. Veteran specify WAR X

(a) Residence: No. 436 Aisquith St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 4 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Willie Johnson.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hester Randall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Emma Locksley

(Address) 436 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 10/7 1935

19. UNDERTAKER Robert H. Young

(Address) 804 N. Carrollton Ave

20. FILED Huntington Ave. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935 to Oct 5, 1935

I last saw him alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | Sept 26 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. H. Young M. D.

(Address) 429 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 7 - 1935

MID. B 16524 ✓ F 16524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

84

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hope Retreat Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Mary Hennessy

(a) Residence: No. 328 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank J.

6. DATE OF BIRTH (month, day, year) apr. 5 - 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 34 | 6 | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER
13. NAME John McGair
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Burke
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 10/8 '35

19. UNDERTAKER Geo. A. Fuller
(Address) Fulton & Lafayette

FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Oct. 5, 1935
I last saw her alive on Oct. 5, 1935 Death is said to have occurred on the date stated above, at 5:05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
General Arterio sclerosis 1934
Catatonic psychosis 1934

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Alexander M. D.
(Address) 3326 Pinkney Ave Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

OCT 1 - 1935

M. D. B 1268-9

F 16525 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16525

# CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E. Hamburg St. St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Suit.

(a) Residence: No. 1009 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If Married, Widowed, Divorced, WIFE or HUSBAND of Elsie M. Suit.

6. DATE OF BIRTH (month, day, year) July 4, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer. 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Benjamin Suit.

14. BIRTHPLACE (city or town) (State or country) Annapolis, MD.

MOTHER

15. MAIDEN NAME Mary --------

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Charles A. Suit. (son)

(Address) 20 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Cedar Buff Cem Oct 8 1935

19. UNDERTAKER Lemain Crook

(Address) 217 St Paul St

20. FILED OCT 7 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | |
| Right Hemiplegia. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Specify)

(Signed) Otto Hoffmeinhardt M. D.
Coroner

10/7/35 (Address) 1017 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16526

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

**1. PLACE OF DEATH**

CITY OF BALTIMORE: (No. Volunteers Hospital 76 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

**2. FULL NAME** James Leo White

(a) Residence: No. 3508 mt Pleasant av St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Sept 29, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 8 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.

FATHER

13. NAME Anthony L. McNicholas

14. BIRTHPLACE (city or town)
(State or country) md.

MOTHER

15. MAIDEN NAME Muriel A. White

16. BIRTHPLACE (city or town)
(State or country) md

17. INFORMANT Muriel A. White
(Address) 3508 mt Pleasant av

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 1 1935

19. UNDERTAKER .....
(Address)

20. FILED Oct 1 1935, 19..... Registrar.

1764

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 - 29, 1935 to 10 - 6, 1935

I last saw him alive on 10 - 6, 1935 Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. J. Comey M. D.

(Address) Vol. Hospital

F 16527

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16527

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lathie Davis

If U. S. Veteran specify WAR

(a) Residence: No. 319 S. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johns.

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 (?) | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Solomon Brown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Evelyn Dogt

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 7 1935

19. UNDERTAKER

(Address)

20. FILED OCT 7 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1935 to 9/30 1935

I last saw her alive on 9/20 1935 Death is said to have occurred on the date stated above, at 11 53 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 3wks + |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16528

F 16528

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premature Baby Girl Skamer

If U. S. Veteran specify WAR

(a) Residence: No. 513 S Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | S |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 20 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hosp Maryland

FATHER

13. NAME Wm Skamer

14. BIRTHPLACE (city or town) (State or country) Patapsco Maryland

MOTHER

15. MAIDEN NAME Margaret Meyers

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Margaret Skamer (Mother)

(Address) 513 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 7 1935

19. UNDERTAKER

(Address)

20. Filed 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1935 to Oct 3 1935

I last saw h[illegible] alive on Oct 3 1935 Death is said to have occurred on the date stated above, at 8[illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity — cause of | |
| asked confinement | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dwayne Sterling, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16528

7766

M. D. B. 1268-9

E 16529

16529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH South Baltimore Gen'l Hosp. Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Stewart

(a) Residence: No. 3200 Vista Ave. St., English Consul Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Stewart

6. DATE OF BIRTH (month, day, year) Oct. 14 - 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 11 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Cattell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary E. Roberts.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret M. Gladstetter

(Address) 3200 Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 10. 1935

19. UNDERTAKER Mary [illegible] J. Flynn

(Address) 210 N. Hilton St.

20. FILED OCT 7 1935 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 11, 1935 to October 6, 1935

I last saw h.er alive on October 6, 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | |
| Generalized arteriosclerosis | |
| Cystitis, cholelithiasis | |
| and pyelonephritis | |

Other contributory causes of importance:

Name of operation Autopsy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William D. Wolfe, M. D.

(Address) South Baltimore Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16530

# 16530 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH South Baltimore Gen. Hosp.

CITY OF BALTIMORE: (No. ..... St., 1 E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Nellie O'Sullivan

(a) Residence: No. 23 E. Oatland St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| ? | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Martin O'Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Dennessy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Elizabeth O'Halloran

(Address) Hayesville Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Sewickley Pa Date Oct. 9, 1935

19. UNDERTAKER Margaret E. Flynn

(Address) 1 E Lanvale St.

20. FILED OCT 7 1935, 19 .....

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1935 to October 7, 1935

I last saw her alive on October 6, 1935 Death is said to have occurred on the date stated above, at 12:27 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Spontaneous). | 10/5 |

Other contributory causes of importance:

Bronchitis - right Lower Lobe

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) William D. Wade, M. D.

(Address) South Baltimore Gen. Hosp.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16531

16531 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 E Oliver St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Glantz

(a) Residence: No. 1741 E Oliver St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob M. Glantz

6. DATE OF BIRTH (month, day, year) Feby 29. 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 8 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. Minsinger.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Borman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Glantz

(Address) 1741 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct 9 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED OCT 7 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935 to Oct 6, 1935

I last saw h alive on Oct 5, 1935 Death is said to have occurred on the date stated above, at 0 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | April 1935 |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) X. X. Gordy M. D.

(Address) 5106 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

16532 ✓ F 16532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Riggs Ave St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Siegmann

(a) Residence: No. 1806 Riggs Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Siegmund

6. DATE OF BIRTH (month, day, year) May 12 - 1844

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 91 | 7 | 23 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT louise Martin

(Address) 1806 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 8, 1935

19. UNDERTAKER [illegible]

(Address) 2008 Orleans

20. FILED [illegible] Registrar

CT 7 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1935 to Oct 5, 1935

I last saw her alive on Oct 5, 1935 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 9/26/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adolph Hamma M. D.

(Address) 2000 Fallsway

U. S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

16533 F 16533

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Menlo Drive. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Mendels.

(a) Residence: No. 3602 Menlo Drive. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of Viola Mendels.

6. DATE OF BIRTH (month, day, year) October 18, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 36 | 11 | 18 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale Oil. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Mendels.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Zerlina Huchberger.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Viola Mendels. (wife)
(Address) 3602 Menlo Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Oct. 8 1935

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis. | |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto E. Reinhardt M. D.
Coroner
10/7/35 Address 1017 N. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 7-1935

F 16534

16534

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret Federer

(a) Residence: No. 3035 Glenmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 1 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME August Lilly

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Goetze

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosina Lilly Federer

(Address) 3015 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls (Violetville 10/8/35

19. UNDERTAKER Leonard J Kuck

(Address) 5305 Harford Rd.

20. OCT 7 1935 Huntington Phillips, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 35, 19..., to Oct 6, 19 35

I last saw her alive on Oct 6, 19 35. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas of Legs | Sept 16, 35 |
| | |
| | |
| | |

Other contributory causes of importance:

Senile Auricular Fibrillation

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr Lenard, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16535

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16535

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Boone St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Holbrook. If U. S. Veteran specify WAR

(a) Residence: No. 1907 Boone St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-?-1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 12 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filtrating 062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchmaker Mark

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Col. P. M. Holbrook

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Christina C. Grey

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary C. Montgomery

(Address) 1907 Boone St

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem Date 10/8/35

19. UNDERTAKER Leonard J. Wright

(Address) 5305 Harford Rd

20. FILED Harrington Williams (Registrar)

OCT 7 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/35

22. I HEREBY CERTIFY, That I attended deceased from 6/26/, 1935, to 10/4/, 1935

I last saw h. W. alive on 10/4/, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/4/35 |
| Myocardial Insufficiency | 10/4/35 |
| | |
| | |
| Other contributory causes of importance: | |
| Myocarditis | 6/26/35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Symptoms. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Watkins M. D.

(Address) 537 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16536 F 16536

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

84-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Lewis If U. S. Veteran specify WAR

(a) Residence: No. North Dr Sta Ave St., Ward. Jones Creek Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 28, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Robert Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jura Ressler

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date 10/9/35

19. UNDERTAKER Bernard G Fink

(Address) 5135 Harford Road.

20. FILED OCT 7 - 1935 Hunter Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935 to Oct 7, 1935

I last saw her alive on Oct 7, 1935. Death is said to have occurred on the date stated above, at 12:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis (gram + coccus probably pneumococcus) | Oct 4th |

Other contributory causes of importance:

Bilateral otitis media

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? L.P. Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK. Physicians should be careful to see that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 16537

16537

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1416 Hanover St., 24 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hedwig Wambach

(a) Residence: No. 1416 Hanover St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Wambach

6. DATE OF BIRTH (month, day, year) Aug 4 - 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 84 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Wambach

(Address) 1416 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 9, 1935

19. UNDERTAKER Chas J Bleuman

(Address) 1501 E Fort Ave

20. FILED Oct 7 1935, 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Oct 6, 1935

I last saw her alive on Oct 6, 1935. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation. Decompensation | 4 D. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Jos. F. A. Storms M. D.

(Address) 2778 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 7 1935

M. D. B 1268-9

F 16538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Louis Pfeil

If U. S. Veteran specify WAR .....

(a) Residence: No. 3219 Walbrook Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) May 10 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pfeil & Co Robt L Co 19

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Henry Pfeil

14. BIRTHPLACE (city or town) Baderkoff (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Stumpf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kather. Hendricks

(Address) 3219 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Oct 8 1935

19. UNDERTAKER H. W. Ehlen

(Address) 1944 W. North Ave

20. ..... 19..... Registrar.

CT 7 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| Other contributory causes of importance: Fractured Pelvis | Oct 1932 |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 5 1935

Where did injury occur? At home 3219 Walbrook Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 3219 Walbrook Ave Balto md

Manner of injury Fell from chair to floor.

Nature of injury Fractured pelvis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 16539

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16539

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 E. 20th St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara E. Mills

If U. S. Veteran specify WAR None

(a) Residence: No. 731 E 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Daniel Mills

6. DATE OF BIRTH (month, day, year): June 22nd 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1921

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Carandria Miller

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mary E. T. Mills

(Address) 731 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Oct 9th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 E. Pratt St

20. FILED , 19 Registrar.

OCT 7 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 3 1924 to Oct 6 1935

I last saw her alive on October 5, 1935 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Arteriosclerosis showing fundamental nephritis | Feb 1924 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 7025 E. North Ave.

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16540

16540

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 Bartlett Ave 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Bain

If U. S. Veteran specify WAR None

(a) Residence: No. 739 Bartlett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Bain

6. DATE OF BIRTH (month, day, year): May 25-1895

7. AGE: Years 40 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

FATHER

13. NAME: George Manby

14. BIRTHPLACE (city or town) (State or country): Norfolk Va

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles H. Bain

(Address) 739 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodland PK Date: 10/10 19 35

19. UNDERTAKER: Williams Cook

(Address) 1217 St Paul Street

20. FILED 19 Registrar

CT 7-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept 7, 1935

I last saw h[illegible] alive on August 5, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Fever | Unknown |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Rheumatic Carditis | Unknown |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. R. Goodbourn, M. D.

(Address) 1923 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16541

# 16541 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie C. Murray

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 88 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Murray

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Helen Trussell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Forstall
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 8 1935

19. UNDERTAKER J. Vernon Kushner
(Address) 230 Edmondson

20. FILED ... 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to Oct 7, 1935

I last saw h... alive on Oct 6, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis Chronic | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edwin B Jarrett M. D.

(Address) 1005 St. Paul St.

INSTRUCTIONS—WRITE LEGIBLY WITH PEN AND INK. ALL ITEMS MUST BE FILLED IN. Any information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 7-1935

Spec.—8-16-29—L. F. S.—100 Bks.

16542

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16542

## CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2462 Wash. Blvd ST., 25 WARD)

2—FULL NAME Walter D. Chester.

(a) RESIDENCE NO. 2462 Washington Blvd ST. 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of [illegible] Clara S Chester.

6 DATE OF BIRTH (month, day, and year) Nov 15, 1884

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 10 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Millwright B.O.46

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturing

(c) Name of employer Crown Cork & Seal Co

9 BIRTHPLACE (city or town) (State or country) Balto City,

PARENTS

10 NAME OF FATHER Wm W. Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Emma Scarborough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

Informant Sister Mrs. Paul Falk.

(Address) 2366 Wash. Blvd.

15 Filed OCT 7 - 1935, 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935, to Oct 7, 1935, that I last saw h[illegible] alive on Oct 7, 1935 and that death occurred, on the date stated above, at 12 20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Hepatitis
Chronic Nephritis
Chronic Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Uraemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Hammond Wheeler M. D.

10/7, 1935 Address 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 10/10 1935

20 UNDERTAKER Edward Foulkrod — ADDRESS Wash Blvd.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CT 7-1935

F 16543

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16543

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4132 Roland Ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Ricketts

If U. S. Veteran specify WAR None

(a) Residence: No. 3506 Chestnut Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel J. Ricketts

6. DATE OF BIRTH (month, day, year): May 15-1865

7. AGE: Years 70 | Months 4 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Maryland

FATHER

13. NAME: George A. Ford

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Julia A. Robinson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: L. Merle Ricketts

(Address) 4132 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Marys Hampden Date Oct 8- 1935

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED [illegible] 19[illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5-35, to Oct 6-35

I last saw h[illegible] alive on Oct 6- 1935 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endo-Myo-carditis | 1 yr |
| Other contributory causes of importance: Hypostatic Pneumonia | 4 days |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 846 W 36 St.

CT 8-1935

INSTRUCTIONS.—WRITE PLAINLY, with pen and ink. Every question must be answered. If unknown, or if the question does not apply, write "unknown" or "does not apply." Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16544

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16544

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 E. Mad St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Jones

(a) Residence: No. 1404 E. Mad. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14th 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 6 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Violet Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Violet Jones

(Address) 1404 E. Madison

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Cemetery Date Oct 8th 1935

19. UNDERTAKER Mrs. Bessie A. Elliott - Daughter

(Address) 1129 E. Baltimore St. Huntington Funeral Home, Inc.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1935 to 10-5 1935

I last saw h alive on 10-5 1935 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows: Broncho Pneumonia — Date of onset 10/1/35

Other contributory causes of importance: C — Date of onset

Name of operation None — Date of .....

What test confirmed diagnosis? Signs & Symptoms — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: C

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place C

Manner of injury C

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jas R. Blake M. D.

(Address) 924 Arlington St.

CTB - 1935

Vs. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1203-B

F 16545

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16545

## CERTIFICATE OF DEATH

X 172-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud Gel Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harrietta Phillips

(a) Residence: No. 52 Admiral Blvd St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Phillips

6. DATE OF BIRTH (month, day, year) Jan 11- 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME William Rees

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT William Phillips

(Address) 52 Admiral Blvd Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 9th 1936

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED Oct 8 1936 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hamm M. D.

Coroner

(Address) 1215 Hanover

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16546

F 16546

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Gwynn — If U. S. Veteran specify WAR .....

(a) Residence: No. 737 Stirling St., ..... Ward. 7
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year) 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N Car

FATHER

13. NAME J. B. Broadway

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME Lottie ?

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Reidsville N. C. Date Oct 8, 1935

19. UNDERTAKER Robert L. Young
(Address) 804 N. Carolina St.

20. FILED ..... 19..... Registrar.

OCT 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 to 19..., to Oct 7, 1935

I last saw her alive on Oct 7 - 1935. Death is said to have occurred on the date stated above, at 12 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pellagra | 8 months ago |

Other contributory causes of importance:

Septicemia ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wade B. Allen, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 16547

F 16547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Matilda Schwartz

(a) Residence: No. 501 Patapsco St (Brooklyn) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) Feb 4 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 7 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (near) Proskrev, (State or country) Russia

FATHER

13. NAME Shelick Wranatur

14. BIRTHPLACE (city or town) Unknown (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Russia

17. INFORMANT Louis Schwartz

(Address) 501 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date Oct 8, 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED Oct 8, 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Uremia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Morgulis, M. D.

Coroner

(Address) 101 S. Elliott St.

N. B.—WRITE PLAINLY, with ink. ALL QUESTIONS must be answered. If unknown, state so. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 8 - 1935

M. D. P. 1268-9

F 16548

# F 16548 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Gilmor St. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Bradley

(a) Residence: No. 124 S. Gilmor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Richard W. Bradley

6. DATE OF BIRTH (month, day, year) Jan. 24, 1860.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William McFadden

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Nancy Martin

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Richard W. Bradley

(Address) 124 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 8, 19...

19. UNDERTAKER ...

(Address) 4101 ...

20. FILED ..., 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1935 to Oct 4, 1935

I last saw h.. alive on Oct 2, 1935 Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus | (?) |

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1935

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. O. Dufeter M. D.

(Address) 1326 W Lombard St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 3 - 1935

F. D. H. 16549

F 16549

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 154

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 3311 Matson St. St., ..... Ward. Masonville, Md.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) October 6, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | -0 | -0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Herbert J. Gray

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Angeline Sobroski

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Herbert J. Gray

(Address) 3311 Matson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Oct 8/35. 19

19. UNDERTAKER Fred L. Schrader

(Address) 2411 Frederick Ave. Baltimore, Md.

20. FILED OCT 8 1935 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schweitzer, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 16550

# F 16550 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Matson St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Son of: Mr. & Mrs. Herbert J. Gray

(a) Residence: No. 3311 Matson St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct. 6, 1935

7. AGE: Years: 0 | Months: 0 | Days: 0 | If LESS than 1 day, ..... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Herbert J. Gray

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Josephine B. Sreboski

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Herbert J. Gray

(Address) 3311 Matson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date Oct. 8 1935

19. UNDERTAKER: George L. Lehnert

(Address) 2101 Frederick ave.

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1935 to Oct. 6, 1935

I last saw him alive on Oct. 6, 1935 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth (7 months) | |
| Exhaustion | |

Other contributory causes of importance:

Name of operation: None Date of: —

What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

10/7/35 Signed H. D. Campbell M. D.

(Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

0 10 - 1935 E. E. Hyde, Registrar

Spec. 17-217-2-6-35-300 Bks. F 16551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16551

## CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3638 Coolidge Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma R. Winkel

(a) RESIDENCE NO. 3638 Coolidge Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): November 4 - 1859

7 AGE: Years 75 Months 11 Days 2 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER: Jacob Smith

11 BIRTHPLACE OF FATHER (City or town): Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER: Elizabeth Grayson

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant: Mrs. Nellie Cohen

(Address) 3638 Coolidge Ave.

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 6. 1935.

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Oct 6, 1935,

that I last saw h wd alive on Oct 6, 1935,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis.

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted

If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Evidence + Physical Signs

(Signed) [illegible], M. D.

10/7, 1935 (Address) 888 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial: Oct. 9 19

20 UNDERTAKER: George L. Ishmat — ADDRESS: 1401 Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OCT 8 - 1935

F 16552

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16552

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1 Ward) 25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katy Reen

If U. S. Veteran specify WAR

(a) Residence: No. 2023 E. Baltimore St. St., Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | M. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Reen

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jos. Cooper

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Reen

(Address) 2023 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 10-8 1935

19. UNDERTAKER Jacob Krauss Inc

(Address) 1739 E. Balto. St

20. FILED OCT 8 - 1935 Huntington Fallsave, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/1/35, 1935, to 10/7/35, 1935

I last saw h.. alive on 10/7/35, 19. Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | |
| Arteriosclerosis | |
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Hypertension | |
| Cardiac Hypertrophy, Dilatation | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Millard Jeffrey, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 3-31 2508

F 16553

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16553

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 N Streeper St., 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Weber

(a) Residence: No. 157 N. Streeper St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Weber

6. DATE OF BIRTH (month, day, year) Aug 20 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anton Mattauschka
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adam Weber
(Address) 157 N. Streeper

18. BURIAL, CREMATION, OR REMOVAL
Place Lit. Carmel Date Oct. 10, 1935

19. UNDERTAKER Jos. L. Stern & Son
(Address) 1567 N. Eutaw St.

20. FILED ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Feb ....., 1931, to Oct 6, 1935.

I last saw h[illegible] alive on Sept 25, 1935 death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Hemorrhage | Oct 6/35 |
| | abt |
| Other contributory causes of importance: Chron Valvular Heart Disease | 3yr ago |

Name of operation None Date of None

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) C. V. Mayer M. D.

(Address) 1520 E. 33rd St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 8 1935

M. H. E. 1283 F 16554

F 16554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2500 E. Oliver St., 5 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Roycroft

(a) Residence: No. 2500 E. Oliver St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Roycroft

6. DATE OF BIRTH (month, day, year) Feb. 19, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Jan. 15, 1935

11. Total time (years) spent in this occupation 29 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Zoll

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Johanna Winkler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank Roycroft

(Address) 2500 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 9 1935

19. UNDERTAKER Jos. J. Herr & Son

(Address) 1524 E. Lanvale

20. FILED Oct. 10 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1934 to Oct. 5 1935

I last saw her alive on Oct. 5 1935 Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma uteri | Dec. 1934 |
| Malnutrition | Aug 15 1935 |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Dilatation & curettage Date of Jan 23 1935

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Karl Grossman M. D.

(Address) 1212 N. Patterson Park Ave

16555 City Hospitals

F 16555

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. (If Division) St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Brown

If U. S. Veteran specify WAR

(a) Residence: No. 917 Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Sept. 25, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 20 | — | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Un Known

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Brown

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Aretta Brown

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Royston Date Oct. 7, 1935

19. UNDERTAKER Robert Williams

(Address) 15 Stricker St

20. FILED 19 Registrar

21 OCT 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935 to Sept. 25, 1935

I last saw him alive on Sept. 25, 1935. Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlgin M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F M. 16556

F 16556

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John D. Cole Sr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 864 W. Fayette St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie S. Cole

6. DATE OF BIRTH (month, day, year) June 14, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Berkely County (State or country) W. Virginia

FATHER

13. NAME Samuel W. Cole

14. BIRTHPLACE (city or town) Berkeley County (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Isabelle V. Kershner

16. BIRTHPLACE (city or town) Berkely County (State or country) W. Virginia

17. INFORMANT Frederick A. Cole

(Address) 1202 W. Fombard St.

18. BURIAL, CREMATION, OR REMOVAL Harmony, Berkely Co. W Va Date 10/9/35 19

19. UNDERTAKER George Weber & Son

(Address) 2501 Edmondson ave

20. FILED OCT 9 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to ~~his~~ her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1942 N. Paths Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. ALL QUESTIONS MUST BE ANSWERED. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

CT. ... 1935

F 16557 Ellis M. Tydings F 16557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Ellis M. Tydings

If U. S. Veteran specify WAR

(a) Residence: No. Marriotts Mills Canal Co St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian G. Tydings

6. DATE OF BIRTH (month, day, year) Mar 13 - 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Oct 3 - 1935

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

FATHER

13. NAME George M Tydings

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

MOTHER

15. MAIDEN NAME Jennie E Conick

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

17. INFORMANT Lillian G Tydings
(Address) 3015 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 9th 1935

19. UNDERTAKER Towell & Byrne, Inc
(Address) 2224 Edmondson Ave.

FILED OCT 8 - 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6 1935

22. I HEREBY CERTIFY, That I attended deceased from October 6 1935 to Oct. 6 1935

I last saw h.im alive on Oct 6 1935 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 10-3-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis E.K.G. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16558 Scheerer F 16558

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1723

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Scheerer

If U. S. Veteran specify WAR

(a) Residence: No. Essex, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Scheerer

6. DATE OF BIRTH (month, day, year) December 7, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 6 mos.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Jerusalem Cemetery Date Oct. 9th, 1935

19. UNDERTAKER Frederick Haughey Sons
(Address) 7401 Belair Road

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-2-35, 19..., to 10-7, 1935

I last saw him alive on 10-2, 1935. Death is said to have occurred on the date stated above, at 6-50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteria-Sclerosis Cardio-Vascular Disease | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Lawton M. D.

(Address) Mercy Hospital

INFORMATION should be given by Coroner, Supplying AGE, should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

CT 8 - 1935 Registrar, Md.

M. H. B. 52

F 16559

F 16559

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Sand Ball Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George McCallum

If U. S. Veteran specify WAR D?

(a) Residence: No. 815 Biddle St (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida McCallum

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 58 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M E

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Red Springs N. C

FATHER

13. NAME Sandy McCallum

14. BIRTHPLACE (city or town) (State or country) Fairmont N C

MOTHER

15. MAIDEN NAME Lucy Baker

16. BIRTHPLACE (city or town) (State or country) Fairmont N C

17. INFORMANT Ida McCallum

(Address) 815 Wiesund St

18. BURIAL, CREMATION, OR REMOVAL Place Fayetteville N C Date 10-8 19 35

19. UNDERTAKER Bryant Ingram & Wright

(Address) 1218 Mc Elderry St

20. FILED ... Registrar.

OCT 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 19 35

22. I HEREBY CERTIFY, That I took charge of the remains as described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| Fract rt shoulder | |
| Fracture bone | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 10-5 19 35

Where did injury occur? Mason Dixon Bridge Md Va (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Annapolis Blvd

Manner of injury Struck by Auto while walking

Nature of injury Fracture of Rt Humerus

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Smith Burke M. D.

Coroner

(Address) 2418 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 16560

F 16560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jubb

If U. S. Veteran specify WAR No.

(a) Residence: No. 1355 Ponca St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26, 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 9 | 09 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Laborer 00 Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James T. Jubb

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT ~~Sister~~ Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Oct 9 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED Oct 8 - 1935 Clinton Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Oct 5, 1935

I last saw him alive on Oct 5, 1935. Death is said to have occurred on the date stated above, at 11 07 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Agranulocytic angina | 9-19-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood count Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Travis D. Schwenther M. D.

(Address) Sydenham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16561 ✓ F 16561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Raspe ave St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME a. Mary Herold

(a) Residence: No. 4300 Raspe ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Herold

6. DATE OF BIRTH (month, day, year) July 2- 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 90 | 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Miss Florence Herold

(Address) 4300 Raspe ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount cem. Date Oct 9, 1935

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1935 to Oct 6 1935

I last saw her alive on Oct 5 1935 Death is said to have occurred on the date stated above, at 12:35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia - Eclampsia | 1930 |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral Hemiplegia | Sept 24 1935 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Sight Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edwin H Benson M. D.

(Address) 1 W. Preston St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

CT 8 - 1935

M. D. B. 1268-a F 16562 ✓ F 16562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount St., 6 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Beauregard Howard

(a) Residence: No. Church Home & Infirmary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married~~ ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | Wh'te | Single |

3a. If ~~married~~ ~~widowed~~ or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) Sept 12th 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jno Howard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Octavia Linwall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John Howard
(Address) 209 N Monmouth St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 10 1935

19. UNDERTAKER J W Jenkins Sons Co
(Address) Orchard & Eutaw Sts

20. FILED OCT 8 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to Oct 7, 1935

I last saw h~~im~~ alive on Oct. 7, 1935. Death is said to have occurred on the date stated above, at 2.40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility c Hemiplegia | ? |
| Arteriosclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Thrombosis (left) | 9/15/35 |
| c Right Hemiparesis | 22 days |

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Vernon H Howard M. D.

(Address) County Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16563 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16563

# CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chas. F. Brown

(a) Residence: No. 614 Wyatt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Single

6. DATE OF BIRTH (month, day, year) July 26, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Hartlow

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem. 10/10/35 19
Geo. H. Kemp Est. Undertaker

19. UNDERTAKER
(Address) Huntington Ave & Ft

20. FILED OCT 8 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1935 to 10-7, 1935

I last saw him alive on 10-7, 1935. Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lung | 7 mos. |
| Other contributory causes of importance: | |
| Secondary Anemia | 2 mos. |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Grafton Hardenbergh, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16564 F 16564

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 4/17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Evans

If U. S. Veteran specify WAR

(a) Residence: No. 404 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | Divorced. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie.

6. DATE OF BIRTH (month, day, year) 5/2/80.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55. | 5 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sylvan odds

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peanut.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophie Spriggs.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/19/35

19. UNDERTAKER Chas Glenn & Co.
(Address) 900 Lens Ln Av

20. FILED 10-19-1935 Huntington Williams, Registrar.
P. P. H.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1935 to 10/6, 1935

I last saw him alive on 10/6, 1935 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute nephritis | |
| Uremia | 1 wk. |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] 16565

F 16565

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward 16)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Samuels

If U. S. Veteran specify WAR X

(a) Residence: No. 1527 Winchester St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilson Samuels

6. DATE OF BIRTH (month, day, year) Oct 16 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 56 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME David Calahan

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Glory Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Oscar Manns

(Address) 1426 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/8/ , 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Arlington St

20. FILED OCT 8 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis forming | |

Other contributory causes of importance:

acute nephritis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/5/35 19...

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at the home 1527 Winchester

Manner of injury Continued overdoses of Calomel

Nature of injury Uremic Poisoning etc

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright M. D.

Coroner

(Address) 1111 S. Ellwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16566

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Franklin Square Hosp

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willard Haynie

If U. S. Veteran specify WAR World

(a) Residence: No. 1951 W. Mosher St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2nd 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Haynie

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Constance A. Haynie

(Address) 1951 West Mosher.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetary Oct. 9th 35

19. UNDERTAKER Mr. & Mrs. John W. Gentle & Son

(Address) 801 West Fayette St.

20. FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic Pneumonia, | |
| & Enfarct of lung. | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of Sept. 35

For what disease or injury? Fractured femur

Name of operatinn. Reduced fracture Date of 9

What test cnnfirmed diagnosis? Accident. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Kind of injury 9-10-35

Where did injury occur? Ponnilton & Fairmont (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry for self.

Manner of injury Fell off scaffold.

Nature of injury Fractures of legs.

24. Was disease or injury in any way related to occupation of deceased? Yes, If so, specify Self contractor.

(Signed) Thos. J. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16567

# 16567 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2708 Fenwick Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Naumann

If U. S. Veteran specify WAR No.

(a) Residence: No. 2708 Fenwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth N. Naumann

6. DATE OF BIRTH (month, day, year) Oct 17. 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P. Telephone Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John W. Naumann

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT William J. Naumann
(Address) 3117 Northern Parkway.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 9. 1935

19. UNDERTAKER Mr. Mrs. John W. Tenfel & Son
(Address) 801 W. Fayette St.

20. PLACE Huntington Hill Cemetery

10-8-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27 . 1935 . to Oct. 6, . 1935

I last saw h. alive on Oct 6, . 1935 . Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1934 |

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Samuel B. Wolfe . M. D.

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 16568

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16568

121

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Bradley

(a) Residence: No. 1514 Angyle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 2, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 18 | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/8/35 19

19. UNDERTAKER William A Jackson

(Address) 716 Edmondson Ave

20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1935 to October 6, 1935.

I last saw him alive on October 6, 1935. Death is said to have occurred on the date stated above, at 3 20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Peritonitis | |
| Other contributory causes of importance: | |

Name of operation Appendectomy Date of 10-4-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16569

16569 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Budd Austin

If U. S. Veteran specify WAR

(a) Residence: No. 437 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) 4/25/1911

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24. | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Budd Austin

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Irene Mason

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dyettsville Va Date OCT 11 1935

19. UNDERTAKER Goldsborough Colored Funeral Home

(Address) 9 to 13 Dudley Court.

FILED Washington, Philadelphia, Nov 1 1935 Registrar.

T8-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1935 to 10/7 1935

I last saw him alive on 10/7 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 7 days. |
| Pneumococcus meningitis | 1 day? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16570 ✓ F 16570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Bush

If U. S. Veteran specify WAR

(a) Residence: No. 8 Temper Temple St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Bush.

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Lizzie Rhodes.

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 8 1935

19. UNDERTAKER

(Address)

20. Filed 1935 Registrar.

1767 8 Md

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 10/2 1935.

I last saw him alive on 10/2 1935 Death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1-2 days |
| Subdural hematoma? | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16571 ✓ F 16571

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Savoy

If U. S. Veteran specify WAR

(a) Residence: No. 1611 Pilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or 24 min. |
|---|---|---|---|
| — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Garvey Wallis

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Catherine Savoy

16. BIRTHPLACE (city or town) (State or country) Northumberland Virginia

17. INFORMANT Catherine Savoy
(Address) 1611 Pilmore St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 8 1935

19. UNDERTAKER
(Address)

FILED Oct 8 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935 to Oct 4, 1935

I last saw him alive on Oct. 4, 1935 Death is said to have occurred on the date stated above, at 11.50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity. | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Roxanne Sterling, M. D.
(Address) Baltimore City Hosp

IMPORTANT—FILL IN ALL ITEMS, AS FAR AS KNOWN. See instructions on back of certificate. ✓ OCCUPATION is very important.

M. D. B. 1268-9

BOWIE ✓ F 16572

# 16572 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St Paul Apts St., Charles St & Mt Royal Ave Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Irving Bovie

(a) Residence: No. St. Paul apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen Theler Bovie

6. DATE OF BIRTH (month, day, year) 12/23/80

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Funeral Directors

10. Date deceased last worked at this occupation (month and year) Month June 17 1935

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Georgetown D.C

FATHER

13. NAME Richmond Irving Bovie

14. BIRTHPLACE (city or town) (State or country) Upper Marlboro Md

MOTHER

15. MAIDEN NAME Ella Beall

16. BIRTHPLACE (city or town) (State or country) Georgetown DC

17. INFORMANT Mrs W. I. Bovie
(Address) St Paul Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 11 1935

19. UNDERTAKER Henry W. Rubenis Son & McCurley Eastwood Co
(Address) Huntington Ave & Penna Ave

20. FILED OCT 8 1935 Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 - 1935 to Oct. 7 1935

I last saw h— alive on Oct. 6 - 1935. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis over | 10 years |

Other contributory causes of importance:

Name of operation Left Thoracoplasty Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Hess M. D.

(Address) 5600 York Rd. Baltimore Md

M. D. B. 1268-9

16573

✓ F 16573

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 St. Paul St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Leverett Batcheller Johnson

(a) Residence: No. 909 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 1st 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school — pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Wm Leverett Johnson

14. BIRTHPLACE (city or town) (State or country) Gambier Ohio

MOTHER

15. MAIDEN NAME Ella Blakistone Conway

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles W. L. Johnson
(Address) 909 St. Paul St. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Oct 9 1935

19. UNDERTAKER Henry W. Jenkins Son
(Address) McCulloh & Orchard Sts

20. FILED 10-9 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate. V. S. 3

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1932 to October 7, 1935

I last saw him alive on October 6, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital heart disease patent foramen ovale and other anomalies | 1923 |
| Other contributory causes of importance: acute gastrointestinal indigestion | Sept 1935 |

Name of operation none Date of

What test confirmed diagnosis? clinical methods. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fowler Smith, Jr. M. D.

(Address) 1014 St Paul St.

Abram F. 16524

16574

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S Eaton St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Abramsohn

(a) Residence: No. 8 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | ~ |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year): Oct 12 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 51 | 11 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Label Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Abramsohn

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Bertha —

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Yetta Abramsohn

(Address): 8 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place: Southern Date: Oct 9, 1935

19. UNDERTAKER: Sol Levinson Bros.

(Address): 1127 E Balto St

20. FILED: 8-1935 Huntington Indiana

RFD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1935, to Oct 8th, 1935

I last saw him alive on Oct 7th, 1935. Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| Other contributory causes of importance: Generalized arterio-sclerosis | |

Was an operation performed? No Date of

For what disease or injury? ~

Name of operation ~ Date of

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris A. Fink, M. D.

(Address) 120 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

(Urinza)

16575

F 16575

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto. City Hospitals. Registered No.

CITY OF BALTIMORE: (No. "Tb. Division" St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Urinza Compton If U. S. Veteran specify WAR

(a) Residence: No. Young Women Christian Assn. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced (or) WIFE of Alfred Compton

6. DATE OF BIRTH (month, day, year) July 2, 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 4 3 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Est.

10. Date deceased last worked at this occupation (month and year) ? 1

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Wm. Harrington

14. BIRTHPLACE (city or town) (State or country) India.

MOTHER

15. MAIDEN NAME Rose Locher

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dr. City Hospitals Dec. 8, 1935

19. UNDERTAKER John E. Mullen
(Address) 2433 E. Monument St.

Huntington Williams, M.D. Registrar.

FILED DEC 8 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1935 to Oct. 6, 1935

I last saw h[illegible] alive on Oct. 6, 1935 Death is said to have occurred on the date stated above, at 1.20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1930 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kanfmin M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-b

F 16576

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16576

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Wilkens + Caton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Butler

(a) Residence: No. 3347 Paine St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Single |

5a. If married, widowed, or divorced (or) WIFE of Luther Butler

6. DATE OF BIRTH (month, day, year) 10-7-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. ... min. |
|---|---|---|---|---|
| | | | 1 day 16 hrs. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

FATHER

13. NAME Luther Butler

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Anna Matilda Roy Hubbis

16. BIRTHPLACE (city or town) (State or country) Bellingham Wash

17. INFORMANT Anna Butler

(Address) 3347 Paine St., Hamden

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery Date Oct 9 35

19. UNDERTAKER Walter Davison

(Address) 3418 Elmwood Ave

20. FILED OCT 9 1935 Arrington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-35

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1935 to October 8, 1935

I last saw her alive on Oct 8, 1935 Death is said to have occurred on the date stated above, at 7 40 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Asphyxiation

Date of onset

Other contributory causes of importance:

Jaundice

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Marcley M. D.

(Address) St Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16577 F 16577

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Louise Carr

If U. S. Veteran specify WAR

(a) Residence: No. 5507 Fernpark Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Marion Carr.

6. DATE OF BIRTH (month, day, year) Aug. 16, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles Edward Ballard

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Catherine Fowes

16. BIRTHPLACE (city or [redacted] (State or country) Maryland

17. INFORMANT Marion Carr

(Address) 5507 Fernpark ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 9. 1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 4900 Eastern Place

20. FILED Huntington Williams Jr

OCT 9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1935 to Oct 7, 1935

I last saw her alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows: Date of onset

Rheumatic Cardio-vascular disease -
Cardiac decompensation
Myocardial failure.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 16578 F 16578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Ridgewood Rd. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Myra H. Kendig

(a) Residence: No. 208 Ridgewood R... St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Kendig

6. DATE OF BIRTH (month, day, year) 3/31/53

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 6 | 8 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Henry Hinney

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rebecca Keller

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Charles E. Kendig
(Address) 208 Ridgewood Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown, Pa. Date 10/10/35 19

19. UNDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 , 1935 to Oct 5 , 1935

I last saw h... alive on Oct 7 , 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Senile Changes | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence Diack, M. D.

(Address) 5 E. Lexington St

OCCUPATION is very important. See instructions on back of certificate.

Vs 2

10-1935 [illegible] for Williams, M.C.

F 16579

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16579

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Washington St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hazel A. Grzybowski

If U. S. Veteran specify WAR

(a) Residence: No. 126 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Grzybowski

6. DATE OF BIRTH (month, day, year) Oct 12 - 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Betz

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hazel Vain

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Hazel Betz
(Address) 126 S Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date 9-11-35

19. UNDERTAKER Wendell E. Humphreys
(Address) 501 N. Broadway

20. FILED 19

CT9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-35 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1935 to Oct. 7, 1935

I last saw h alive on Oct. 7, 1935. Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency Decompensation | |
| Cardiac Hypertrophy | |
| Acute Rheumatism | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Grzybowski, M. D.

(Address) 2579 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

Ver. 3

M. D. B. 126

F 16580

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 9

Registered No. F 16580

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia Lewis

If U. S. Veteran specify WAR X

(a) Residence: No. 707 School St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| -0 | 7 | -0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Henry Lewis (Address) 707 School St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Oct 9 35 19

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Pressman st

20. FILED Oct 9 1935 Harrington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Whooping Cough | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CTS 1935

M. D. B. F 16581 F 16581

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Mount St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Carter

(a) Residence: No. 929 Mount St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claybrook Carter

6. DATE OF BIRTH (month, day, year) Oct 29, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | 11 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wilbur Nutt

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Era Dans

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Claybrook Carter

(Address) 929 Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct. 9, 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED OCT 9 1935 Thos. J. Pullen Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935, to Oct 6, 1935

I last saw h.. alive on Oct 5, 1935. Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis of Lungs | May 1934 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. William Frey, M. D.

(Address) 1928 Penna Ave.

M. D. B 1268-9

F 16582

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16582

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Staten

If U. S. Veteran specify WAR

(a) Residence: No. 1134 Brenner St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colred | widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nannie

6. DATE OF BIRTH (month, day, year) June 18 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 3 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Daniel Staten

14. BIRTHPLACE (city or town) Balto
(State or country) Md.

MOTHER

15. MAIDEN NAME Katie (unknown)

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Florence E. Diggs

(Address) 1134 Brenner St

18. BURIAL, CREMATION OR REMOVAL

Place [illegible] Date 10/11, 1935

19. UNDERTAKER Lloyd F. Richardson

(Address) 638 N. Eutaw

20. FILED OCT 9 1935 Washington Fitzhugh, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | Oct 6 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

16583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16583

## CERTIFICATE OF DEATH.

✓ 161-B

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1719 McCulloh ST. 14 WARD)

2-FULL NAME Jas. Bernard Thomas Jr

(a) RESIDENCE NO. 1719 McCulloh ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/25/35

7 AGE — Years | Months | Days: 5 14 | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or ~~town~~) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Durard Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary E. Butler

13 BIRTHPLACE OF MOTHER (city or ~~town~~) (State or country) Balto Md.

14 Informant (Address) Mary E. Thomas 1719 N. Calhoun

15 Filed ....., 19.... Huntington Williams, Registrar

CTS - 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9/35

17

I HEREBY CERTIFY, That I attended deceased from 10-7, 1935, to Oct 9, 1935

that I last saw him alive on Oct 9, 1935

and that death occurred, on the date stated above, at 7:35 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) B. N. Hatem M. D.

10/9, 1935 (Address) 1775 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: 10/9 1935

20 UNDERTAKER: Saml. McElwee & Son — ADDRESS: 638 N. Calhoun

TION is very important. See instructions on back of certificates.

F 16584

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16581

## CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 S. Caroline St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran Veteran specify WAR W. W.

2. FULL NAME George Weiss (Wilson)

(a) Residence: No. 333 S. Caroline St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none prior retired Soldier U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spanish American War 1900

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1902

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Frank Weiss

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) " (State or country) Germany

17. INFORMANT Bernard Weiss

(Address) 2911 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Oct. 10. 1935

19. UNDERTAKER Fred W Ozazewski

(Address) 1930 Eastern Ave

Huntington Williams N.T.

..... 19 ..... Registrar.

FILED OCT 9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH, (month, day, year) Oct 7 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. myocarditis | over |
| 2. | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Eldwick Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 16585

F 16585

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-a

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 Edmondson Av St., 7 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Langley

(a) Residence: No. 844 Edmondson Av St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Langley

6. DATE OF BIRTH (month, day, year) Feb 21, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 66 | 56 | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME Paul Talbert
14. BIRTHPLACE (city or town) (State or country) West River Md

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Paul Hammond
(Address) 844 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 11, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED ... 19 ... Registrar

OCT 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1935 to Oct. 7, 1935
I last saw her alive on Oct. 6, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyanosis Lobar Pneumonia | |

Other contributory causes of importance:
Cyanosis Lobar Pneumonia

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Pelletiere, M. D.
(Address) 817 Hamilton Terr

V S 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4-8-9 F 16586

F 16586

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V.94-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Ward St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Martha Cornish

(a) Residence: No. 1443 Ward St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col, | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Cornish

6. DATE OF BIRTH (month, day, year) Dec. 25th 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 48 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Polk Limberry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Mrs. Mary Johnson (Daughter)

(Address) 1444 Ward St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 9, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED OCT 9 1935 Hamilton Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus, | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Sudden death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave,

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 8-9 16587 F 16587

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2228 E Fayette St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Banks

(a) Residence: No. 2228 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Banks

6. DATE OF BIRTH (month, day, year) January 28-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) circa 1931

11. Total time (years) spent in this occupation Estimated

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William J Banks

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Magee

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Alvin H. Banks

(Address) 1716 E 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 11, 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

19a. FILED OCT 9 - 1935 19 Registrar

Huntington Williams & Co

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933 to October 7, 1935

I last saw h. l. alive on October 7, 1935 Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Arterio Sclerosis. | 1933 |
| Other contributory causes of importance: Cerebral hemorrhage | 10.7.35 |

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Willard Stewart, M. D.

(Address) 1738 E. Fayette St

M. D. B. 1268-9

F 16588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16588

## CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2707 W. Mosher St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Bosley

(a) Residence: No. 2707 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Bosley

6. DATE OF BIRTH (month, day, year) 12-16-1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finish pol'r

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm J. Bosley

14. BIRTHPLACE (city or town) (State or country) Towcester Eng.

MOTHER

15. MAIDEN NAME Ellen Madden

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary A Bosley

(Address) 2707 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/11/35

19. UNDERTAKER Leonard J. Koch

(Address) 2705 Hollins St

Filed SEP 9 1935, 19 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1935 to October 7, 1935

I last saw him alive on October 7, 1935. Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia 10/2/35

Cardiac Failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McCleary M. D.

(Address) 400 N. Payson St.

OCCUPATION is very important. See instructions on back of certificate.

16589

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16589

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Killian

(a) Residence: No. 2330 Oleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank.

6. DATE OF BIRTH (month, day, year) 1/11/1917.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 18 | | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stanley Sufonynsky ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Huntington Date Oct 12th 1935

19. UNDERTAKER George A. Weber.

(Address) 705 - 4th Ave at Huntington W. Va.

20. FILED OCT 9 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/29, 1935, to 10/8, 1935

I last saw her alive on 10/8, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Acute glomerulonephritis | 5 wks. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

16590

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16590

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3813 Hayward ave. St., 7 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Welsh

(a) Residence: No. 3813 Hayward ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edward J. Welsh

6. DATE OF BIRTH (month, day, year) May 3 - 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day.....hrs. or.....min. |
|---|---|---|---|---|
| | 53 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John Bieser

14. BIRTHPLACE (city or town) Germany. (State or country)

MOTHER

15. MAIDEN NAME Ida B. Kirby

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Edward J. Welsh.

(Address) 3813 Hayward ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 11" 193

19. UNDERTAKER Geo M. Fritch & Son

(Address) 511 N. Howard St.

20. FILED , 19

Registrar.

OCT 9 - 1935

Huntington Hayward

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8- , 1935

22. I HEREBY CERTIFY, That I attended deceased from September 18- , 1935 to October 8- , 1935

I last saw h.er alive on October 7- , 1935. Death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | unknown |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Influenza | 9-30-35 |
| Cerebral Hemorrhage | 9-14-35 |
| Hypertension | unknown |

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Riland. M. D.

(Address) 2532 Edmondson ave.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 16591

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16591

82-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Brantly Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. F. Turner

(a) Residence: No. 1027 Brantly Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, ~~widowed, or divorced~~: HUSBAND of ~~(or WIFE of)~~ Mary Turner

6. DATE OF BIRTH (month, day, year) 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble yard

10. Date deceased last worked at this occupation (month, year) 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Washington

FATHER

13. NAME Geo. F. Turner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hannah Allen

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT Jas. A. Turner

(Address) 2512 Md. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 10/10 1935

19. UNDERTAKER Randall F. Brantley

(Address) 818 Pennsylvania Ave Huntington Milwaukee, N.Y.

20. FILED OCT 9 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep. 21 1935 to Oct 6 1935

I last saw him alive on Oct. 6 1935 Death is said to have occurred on the date stated above, at 6-30 A.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation — Date of 1/0

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark Ellingsworth M. D.

(Address) 627 Schroeder

OCCUPATION is very important. See instructions on back of certificate.

36 461 916592 ✓F 16592

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Sylvester Sudd If U. S. Veteran specify WAR

(a) Residence: No. 400 E. Cathedral St., Ward. X (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 2 | 20. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm Bynum
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Edna Sudd
16. BIRTHPLACE (city or town) (State or country) S. Ca.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 9 1935

19. UNDERTAKER Fred W. Williams
(Address) 3737 Eastern Ave

FILED OCT 9 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1935 to Oct-8 1935
I last saw him alive on Oct-5 1935 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 9-30 |
| ? Septicemia | 9-30 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Helen Louise Snyder M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12 16593

F 16593

# HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1462 S. Schroeder St., 20 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Edward McCurley

(a) Residence: No. 2563 Hollins St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. McCurley

6. DATE OF BIRTH (month, day, year) July 11th 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 59 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coms. Merchant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Produce

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Edward B. McCurley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Clara Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

17. INFORMANT Harry Fisher,
(Address) 2536 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 11 1935

19. UNDERTAKER Martin J. Conroy
(Address) 1102 Forrest St

20. FILED Oct 9 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8th. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquirey (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquirey (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above. 11 A.M.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus, | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Essential Hypertention.

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Sudden death Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify .....

(Signed) Thos. H. Pheltes M. D.
Coroner

(Address) 1939 Edmondson Ave.,

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give full statement of OCCUPATION in every case. See instructions on back of certificate. Every question is very important.

F 16594

F 16594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Reese St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Benson

(a) Residence: No. 2704 Reese St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matthews Benson.

6. DATE OF BIRTH (month, day, year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 yrs. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Baltimore Co. Maryland.

FATHER

13. NAME Howard Benson

14. BIRTHPLACE (city or town) (State or country) Queen Ann Co. Md.

MOTHER

15. MAIDEN NAME Nellie Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md. Baltimore Co. Maryland.

17. INFORMANT Bertha Hill
(Address) 2704 Reese St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem. Date Oct. 11 1935

19. UNDERTAKER Francis A. Hemsley
(Address) 578 W. Biddle St.

20. FILED OCT 9 - 1935 Thurlington Tibbs Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to Oct 8 1935

I last saw h.e alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9/28/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jno. D. Julian, M. D.

(Address) 434 E 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

Ex 16595 ✓ F 16595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Ewell — If U. S. Veteran specify WAR .....

(a) Residence: No. 1624 Madison St., Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 12 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 5-1 | 10 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Ewell

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME Alice —

16. BIRTHPLACE (city or town) (State or country) Va —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Va Date 10/10 1935

19. UNDERTAKER Francis P. Keighley
(Address) 578 W. Biddle St.

20. FILED ~~8 - 1935~~ Hunter for Registrar

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Oct 7 1935
I last saw him alive on Oct. 7 1935. Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory failure | 10-4-35 |
| Cardiac failure | 1--35 |
| Cerebral vascular accident | 9-6-35 |
| Uremia | ? |
| Other contributory causes of importance: | |
| Arteriosclerosis; hypertension | ? |
| Syphilis | ? |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

F 16596 ✓ F 16596

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 46-C

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 1 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Edward Gildea

(a) Residence: No. Waterbury, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pumping Wells
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spottsylvania Co. Virginia

FATHER

13. NAME Thomas B. Gildea
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Septimia Flippo
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Arlington Cem Woodlawn Date 10/9, 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

10-9-1935

20. FILED 19 Reg'tar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 26th, 1935 to October 8th, 1935
I last saw him alive on October 8th 1935. Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis, general | Unknown |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 9-25-35
For what disease or injury?
Name of operation Laporotomy, exploratory Date of 9-25
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) T. M. Ivey a dura. M. D.
(Address) U.S. Marine Hospital, Baltimor

Spec.—9 30—A. & Co.—250 Bks.

16597 ✓ F 16597

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

59

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 Homestead St. WARD) 9

2-FULL NAME William A. Brooks Sr.

(a) RESIDENCE NO. 947 Homestead ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Brooks

6 DATE OF BIRTH (month, day, and year) 1859

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 76 yrs. | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder & Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) 2016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mary A. Brooks (Address) 947 Homestead St.

15 Filed Oct 9 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9th 1935

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Oct 9th, 1935

that I last saw h[illegible] alive on Oct 8th, 1935

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2 yrs. 4 mos. 8 ds.

CONTRIBUTORY —
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of ...

Was there an autopsy? no.

What test confirmed diagnosis? Laboratory

(Signed) L. L. Gordy. M. D.

10-9. 1935 (Address) 5706 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park — DATE OF BURIAL Oct. 13 1935

20 UNDERTAKER Richard F. Curley — ADDRESS 700 North ave

FROM is very important. See instructions on back of certificate.

16598 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16598

## CERTIFICATE OF DEATH

46 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Henderson

If U. S. Veteran specify WAR

(a) Residence: No. 4109 Montana Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn

6. DATE OF BIRTH (month, day, year) 8/4/04.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 31 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George W. Henderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Evelyn Witte

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient Evelyn Henderson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Oct 10, 1935

19. UNDERTAKER Leonard J. Tuck

(Address) 5305 Harford Rd.

OCT 9 - 1935 [illegible], Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1935 to 10/8, 1935

I last saw alive on 10/8, 1935 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of pancreas & metastases | 2 yrs |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 16599

16599

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N Caroline St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Brown

(a) Residence: No. 528 Robert St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore B. Brown

6. DATE OF BIRTH (month, day, year) May 25, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 4 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Welby Cambridge

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Eidlemy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theodore B. Brown (husband)

(Address) 528 Robert St.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date 10-11 1935

19. UNDERTAKER George M. A. Gibson

(Address) 1136 Hanover St

20. FILED 9-1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Oct 7, 1935

I last saw her alive on Oct 6, 1935. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma Uterus and entire pelvis | June 1935 |
| Other contributory causes of importance: Mucous Colitis | 1 yr. |

Was an operation performed? Yes Date of Aug 1935

For what disease or injury? Exploration

Name of operation Laparotomy for exploration Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

F 16600

F. 16600

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Pearl St. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. Smyth

(a) Residence: No. 17 N. Pearl St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Craig

6. DATE OF BIRTH (month, day, year) ----------

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | --- | --- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C. Smyth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katherine E. O'Connell

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles B. Smyth

(Address) 4622 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Oct. 11/35

19. UNDERTAKER Klorman & Son

(Address) 208 W. Lafayette

9-1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935 to Oct 9, 1935

I last saw him alive on Oct 6, 1935 Death is said to have occurred on the date stated above, at 4:15 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Myocarditis Chronic

Was an operation performed? no Date of x

For what disease or injury? x

Name of operation x Date of

What test confirmed diagnosis? x Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? x Date of injury x, 19

Where did injury occur? x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify x

(Signed) H. Huntington Williams, M. D.

(Address) 3200 Eutaw Place

16601 F 16606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Washington Dewoe

If U. S. Veteran specify WAR

(a) Residence: No. 4003 Woodley Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 1/6/1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70. | 8 9 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Washington Dewoe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Pk Date 10/11/35

19. UNDERTAKER Geo H Lemmon

(Address)

20. FILED 9-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1935 to 10/8, 1935

I last saw h. alive on 10/8 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Cerebral hemorrhage | 2 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 16602

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16602

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George M. Sudalaki

(a) Residence: No. 4417 Flemmina Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 20 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John N. Sudalaki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Margaret T. Krasnij

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Marie A. Ruth

(Address) 2032 Belhaven Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date Oct 10 1935

19. UNDERTAKER Jacob J. Roth

(Address) 634 Hartford Rd.

20. FILED 1935 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Mhenken M. D.

Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 16603

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16603

## CERTIFICATE OF DEATH

X 46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathew Francis Sullivan

(a) Residence: No. Edgewood Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed husband of Marie Sullivan

6. DATE OF BIRTH (month, day, year) March 25 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 years | 6 Months | 14 days | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy Farm do

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Hartford County Maryland

FATHER

13. NAME Jeremiah Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Norman

(Address) 1228 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Abingdon Date Oct 12 1935

19. UNDERTAKER Howard K McCann

(Address) Abingdon Md

20. FILED Huntington Williams M.C.

10-9-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-1935

22. I HEREBY CERTIFY, That I attended deceased from September 26 1935 to October 4 1935

I last saw him alive on October 2 1935 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1934 |
| Chronic Myocarditis | 1931 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Myocardial failure | 4 days |
| Hypostatic Pneumonia | 3 days |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Crawley M. D.

(Address) Maryland General Hosp

M. D. B 12-30 16604 F 16604

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

178-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital Ward) 9

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Robert Wurzbacher

(a) Residence: No. 3032 Harford Rd Ward. X
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29 1933

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 | 2 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John N. Wurzbacher

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Helen V. Kreavel

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT John Wurzbacher
(Address) 3032 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 10 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

(Signature) Huntington Williams M.D.

OCT 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status Thymolymphaticus | 10/5/35 |
| Other contributory causes of importance: Ether Anaesthesia | 10/5/35 |

Name of operation T & A Date of 10/8/35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/8/35

Where did injury occur? Mercy Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Died on Operating Table

Manner of injury At end of T & A

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas B. Wallace M. D.

(Address) 10 31 St Paul St Coroner

F 16695

F 16695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Howard Simpson

(a) Residence: No. 1206 Pine St. Hallidaysburg, Pa. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — None

6. DATE OF BIRTH (month, day, year) June 11, 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 3 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Simpson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Keeley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Penna Hollidaysburg Date 10/10, 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St Huntingdon Pittsburgh, Pa.

20. FILED OCT 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1935, to Oct 9, 1935

I last saw him alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 9 00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis | |
| Post Operative Pulmonary Collapse | 10/7/35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/8/35

For what disease or injury? Cholecystitis

Name of operation Cholecystotomy Date of 10/8/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Everett A. Wood, M. D.

(Address) Md. Gen. Hosp.

F 16606 F 16606

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 S. Fulton Ave St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet F Baldwin (STATISTICS) U. S. Veteran (Specify WAR)

(a) Residence: No. 319 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John J Stanislaus

6. DATE OF BIRTH (month, day, year) June 20 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME Wm D Webster
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Reardon
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Driscoll
(Address) 319 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/11/35 19

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED T 10 1935 Huntington Pittsburgh Va

## MEDICAL CERTIFICATE OF DEATH 3 20

21. DATE OF DEATH (month, day, year) Oct 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1935, to Oct 9, 1935

I last saw her alive on Oct 8, 1935 Death is said to have occurred on the date stated above, at 3 20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac dilatation | 2 days |
| | |
| | |

Other contributory causes of importance:
Chronic myocarditis & Epilepsy
pseudo malig neoplasm of epigastrium

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A Dolan, M. D.

(Address) 4 N. Fulton

(over)

M. D. B 1268-9

F 16607

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16607

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 580 Baker St. (Ward) 14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Lane

If U. S. Veteran specify WAR .....

(a) Residence: No. 580 Baker St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lane

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Emma Lane

(Address) 580 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 10th, 1935

19. UNDERTAKER Archibald C. Gaddis

(Address) 2101 Pennsylvania Ave.

Huntington Pittmans, Registrar.

10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11 40 A.M.

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Hamner M. D.

Coroner

(Address) 1215 Hanover

M. D. F 16608 F 16608

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

15 ✓ 183 Gene n 15

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Pier 10 Locust Point. St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Unknown. (probably ~~Otto Crossfield~~) William J. Barry also known as Herman Mathison

(a) Residence: No. Do not know. St., Ward.

(Usual place of abode) (If not resident give city or town and State)

See survey

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Do not know. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| Acout 50 | ---------- | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Oct 7 19 35

19. UNDERTAKER [illegible]

(Address)

20. FILED OCT 10 1935 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

Found October 3, 1935

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Accidental Drowning. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Leinhardt M. D.

10/8/35 (Address) 10-7 E. Charles st. Coroner

M. D. F. 1938-9 16609 F 16609

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 949 Brooks Lane St., 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Ackfeld

(a) Residence: No. 949 Brooks Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Philip Goldsmith

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 10-10-35, 19...
Place Sherwood Memory Gdns

19. UNDERTAKER Jack Lewis Inc
(Address) 1429 E. Baltimore St

20. FILED ... 19...

T 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/35, 19...

22. I HEREBY CERTIFY, That I attended deceased from August, 19..., to Oct. 8, 19 35.

I last saw h... alive on Oct. ..., 19 35. Death is said to have occurred on the date stated above, at 11.25 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Colon | 1 yr. |

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? N/C If so, specify ...

(Signed) Isidor D. Fey, M. D.

(Address) 2324 Fenton Pkwy

F 16610

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16610

## CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 East 24th St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louisa Mason Turner

(a) Residence: No. 211 East 24th St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Piggott Turner

6. DATE OF BIRTH (month, day, year) Dec. 4 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William C. Mason

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John P. Turner
(Address) 211 E 24th St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 10 1935

19. UNDERTAKER Wm J. Tickner & Sons
(Address) North & Penna. ave.

CT TO 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to Oct 8 1935

I last saw h[illegible] alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | |

Other contributory causes of importance:

Dyspepsia & inanition

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Mass Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harvey Beck M. D.

(Address) St Paul & 23d St

F 16611 F 16611

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N Fulton Ave., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Lotz

(a) Residence: No. 1824 N Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 25-1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 6 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Caspar Lotz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Lotz

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 10 1935

19. UNDERTAKER Jos. Packard Sons

(Address) 1 Court Place

20. FILED OCT 10 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Oct 7 1935

I last saw her alive on Oct. 7, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Cardiac disease. | |

Other contributory causes of importance:

Myocarditis Senility

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. O. Smith M. D.

(Address) 3929 Chestnut Ave

M. D. B. Form 9 — F 16612

F 16612

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 E. Lexington St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Basil

If U. S. Veteran specify WAR .....

(a) Residence: No. 1412 E. Lexington St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Basil

6. DATE OF BIRTH (month, day, year) 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework NO 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME David Mc. Fusby

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Mary Mellen

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Bertha Fusby

(Address) 1502 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date Oct 10, 1935

19. UNDERTAKER C. du Burgo

(Address) 1647 1647 Orleans

20. FILED Oct 10, 1935, 19 ..... Registrar.

10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1917 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. DEP. 126 F 16613

F 16613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Light St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. Murphy.

(a) Residence: No. 1811 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis G. Murphy

6. DATE OF BIRTH (month, day, year): 2-28-1856

7. AGE: Years 79 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

FATHER

13. NAME: Monard

14. BIRTHPLACE (city or town) (State or country): Frederick

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. E. Ellerman
(Address) 1811 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md. Date 10/12, 1935

19. UNDERTAKER: I. Frew McCully
(Address) 130 E. Fort Ave.

20. FILED 10/12, 1935 Hunter for Hillis, Registrar

F 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935 to Oct. 9, 1935

I last saw HER alive on Oct. 9, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation (Indef.) | |
| Other contributory causes of importance: Exhaustion | 10/8/35 |

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. E. Campbell M. D.

10/10/35 (Address) 1644 Hanover St

F 16614 ✓ F 16614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gordon Creamer

(a) Residence: No. 704 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George W Creamer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pellant Creamer

16. BIRTHPLACE (city or town) (State or country) Wells Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/12, 1935

19. UNDERTAKER Edw Lonergan

(Address) 1502 Wilkens Ave.

20. FILED OCT 10 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1934 to 10/8, 1935

I last saw h[illegible] alive on 10/8, 1935. Death is said to have occurred on the date stated above, at 4 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningo vascular syphilis | 4 mo. |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

16615

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16615

## CERTIFICATE OF DEATH

53-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 N. Stricker St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma Carter

(a) Residence: No. 1139 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredonard Carter

6. DATE OF BIRTH (month, day, year) Dec 11, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 5 0 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Daniel Bond

14. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md

MOTHER

15. MAIDEN NAME Mary Briscoe

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md

17. INFORMANT Mary E. Young

(Address) 1134 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date Oct 11 1935

19. UNDERTAKER Thos. E. Kelson

(Address) 1203 Presstman St

20. FILED ... Registrar

OCT 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-22- 1935 to 10-9- 1935

I last saw her alive on 10-8- 1935. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left Kidney — Date of onset Unknown

Other contributory causes of importance:

Unknown

Name of operation none Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stricker St

M. D. B 1268-9

E 16616

16616 HEALTH DEPARTMENT—CITY OF BALTIMORE

117-W

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William A Craig

(a) Residence: No. 1103 N Gilmore St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Laurine Craig

6. DATE OF BIRTH (month, day, year) July 24 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | 2 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeepec, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Craig

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Craig

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Oda D Yeow

(Address) 2107 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stevens Date 10/10 1935

19. UNDERTAKER Thomas C. Kelson

(Address) 303 Presstman St

20. FILED Huntington Williams Registrar

OCT 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured Gastric Ulcer | Sept |
| Peritonitis | 35 |

Other contributory causes of importance:

Was an operation performed? none Date of ...

For what disease or injury? ...

Name of operation no Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo S Allen M. D.

Coroner

(Address) 507 Aisquith St

M. D. B. 1268-9

16617 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16617

## CERTIFICATE OF DEATH

194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 3400 E. Biddle St., 76 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran specify WAR .....

2. FULL NAME Louis J. Engel

(a) Residence: No. 3226 E. Baltimore St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 15 1916

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 18 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on Truck
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Laurence J. Engel
14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Clementine Trigg
16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT Laurence J. Engel
(Address) 3226 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 12, 1935

19. UNDERTAKER John T. Mayo
(Address) 3000 E. Balto St.

20. FILED OCT 10 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured ribs on right side | |

Other contributory causes of importance:
Laceration right lung with hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 8 1935
Where did injury occur? Rear 3400 Biddle - Balto Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In woods.
Manner of injury Tree fell on child -
Nature of injury Fractured ribs (R) with laceration of lung.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schenken M. D.
Coroner
(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

16618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16618

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Balto City Hosp (Dead on arrival) Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henrie Schlatter If U. S. Veteran specify WAR .....

(a) Residence: No. Manchester Road St., ..... Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Schlatter

6. DATE OF BIRTH (month, day, year) July 14-1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 2 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Otto Schlatter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wayne May (Address) 937 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date Oct 10, 1935

19. UNDERTAKER John C. Miller (Address) 2435 E. Oliver St

OCT 10 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/6, 1935

Where did injury occur? Front 120 N Howard St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto on Street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wilbur Baetjer Jr. M. D. Coroner

(Address) 5 E Lexington St

M. D. B. 1268-9

F 16619

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16619

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Dallas St., 3 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Bedford.

(a) Residence: No. 310 S. Dallas. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bedford

6. DATE OF BIRTH (month, day, year) Unknown 1847

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 94. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spencers Point Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Spencers Point Md.

MOTHER

15. MAIDEN NAME Celia Williams

16. BIRTHPLACE (city or town) (State or country) Spencers Point Md.

17. INFORMANT [illegible] (Address) 130 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct. 11, 1935

19. UNDERTAKER [illegible] (Address) 1417 E. Baltimore St.

Huntington Williams, Inc.

20. [illegible] 19... Registrar.

10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-, 1935, to 10-8-, 1935

I last saw him alive on 10-5-, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Valvulitis

Date of onset —

Other contributory causes of importance:

Interstitial Nephritis

Date of onset abt

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) [illegible] M. D.

(Address) 611 N. Carey

F 16620 ✓ F 16620

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. Judson Moore

If U. S. Veteran specify WAR

(a) Residence: No. 0 Perkins, W. Va. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Iva Hudson

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perkins, W. Va ?

FATHER

13. NAME L. J. Moore

14. BIRTHPLACE (city or town) (State or country) Barbour Co. West Va

MOTHER

15. MAIDEN NAME Fanny Cunningham

16. BIRTHPLACE (city or town) (State or country) Barbour Co. West Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Spencer W. Va Date 10/13/35 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St

[illegible] 10 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22 . 1935 . to 10-9-35 . 19 ...

I last saw him alive on 10-9 . 1935 . Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 9-8-35 ? |
| Pyonephrosis | |

Other contributory causes of importance:

| | |
|---|---|
| Malnutrition | |
| Bronchopneumonia (Rt) | |

Was an operation performed? Yes Date of 10-1-35

For what disease or injury? Pyonephrosis

Name of operation Left nephrectomy Date of 10-1-35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mark E. Dann . M. D.

(Address) Sinai Hosp

M. D. B. 1268-9

F 16621

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16621

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Eastern Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Koch

(a) Residence: No. 1737 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7 35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 4 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Koch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Helen Kucinski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen Koch

(Address) 1735 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 10 1935

19. UNDERTAKER J. W. Cyzewski

(Address) 1930 Eastern Ave

OCT 10 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1935 to Oct 10 1935

I last saw h 2 alive on Oct 10, 1935 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Heart Trouble | Oct 7 35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Reynolds M. D.

(Address) 801 Eastern Ave

M. D. B. 1265-9

F 16622

16622

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2243 Cecil Ave. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME FREDERICK J. LOEFFLER

(a) Residence: No. 2243 Cecil Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Kohlhepp Loeffler

6. DATE OF BIRTH (month, day, year) Jan. 24. 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber shop

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Schoeberlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Loeffler (Wife)
(Address) 2243 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's 5th Ref. Cm. Cem. Date Oct. 10. 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway.

10 1935 Huntington Hilltop, 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to October 7 1935

that I saw him alive on October 5. 1935 Death is said to have occurred on the date stated above, at 6.00 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Carcinoma of lung

Date of onset
June 1935

Other contributory causes of importance: Cachexia
Metastasis

Name of operation Thoracal Exploration Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisendrath M. D.

(Address) 2025 Guilford Ave.

M. D. R. 1268-9

16623

F 16623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1077 W. Fayette St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosella Queen.

(a) Residence: No. 1077 W. Fayette st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard Queen

6. DATE OF BIRTH (month, day, year): June 30th 1857.

7. AGE: Years 78; Months 3; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domest 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework.

10. Date deceased last worked at this occupation (month and year): about July 35

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Edward Payne

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Laurence Queen

(Address) 1077 W Fayette.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 10, 1935

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder Ste.

20. FILED: Huntington Williams, M.D.

OCT 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11th 1935 to Oct. 7th 1935

I last saw her alive on Oct. 1st 1935 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis with Myocarditis | about Sept 35 |
| | about |

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. J. Gunn M. D.

(Address) 622 W. Arlington ave

16624

F 16624

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward) W. 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 7 mos. dys. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Emanuel De Veiga

(a) Residence: No. 837 Harlem ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary De Veiga

6. DATE OF BIRTH (month, day, year): (?)

7. AGE: Years 62 (?) | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): (?) Africa

FATHER

13. NAME: Lawrence De Veiga

14. BIRTHPLACE (city or town) (State or country): Africa

MOTHER

15. MAIDEN NAME: Mary (?)

16. BIRTHPLACE (city or town) (State or country): Portugal

17. INFORMANT (Address): Balto. City Hospitals Records

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Oct 11, 1935

19. UNDERTAKER: Mr Kotis R. Williams

(Address) 22 E. Lafayette St.

10 1935 Huntington, W. Va.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-35

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1935 to 10-6, 1935

I last saw him alive on 10-6, 1935 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

Stricture of Urethra with Urinary Extravasation

Date of onset (?)

Other contributory causes of importance:

Uremia 3 Days

Was an operation performed? yes Date of 10-3-35

For what disease or injury? Extravasation of Urine

Name of operation Suprapubic Cystotomy Date of 10-3

What test confirmed diagnosis? Mouth Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Dantin M. D.

(Address) Balto. City Hospitals

Spec.—1-12-23—M&T—500 Blks.

16625 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16625

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 430 Mullinglin Lane ST., 20 WARD)

2-FULL NAME 4½ mos Infant of George & Bertha Peems.

(a) RESIDENCE NO. 430 Mullinglin Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): 4½ mo Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 9/35

7 AGE: Years | Months | Days | If LESS than 1 day ½ hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Peems.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Fisher

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant George Peems. (Address) 430 Mullinglin Lane

Filed OCT 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Oct 9, 1935, that I last saw her alive on Oct 9, 1935, and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

4½ mo. Marasmus

(duration) yrs. mos ds. —

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) R. C. Glenn, M. D.

1935 (Address) 2708 Baltimore Ave, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md — DATE OF BURIAL: Oct 10 1935

20 UNDERTAKER — ADDRESS

F 16626

16626

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Ina Robinson

(a) Residence: No. Corbett Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black. | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 15 mo. | 15 mo. | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Robinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Kane

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Robinson

(Address) Corbett Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Cem Date Oct 11, 1935

19. UNDERTAKER Frances A. Stemley

(Address) 578 W. Biddle St.

OCT 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/24/35. 19 to 10/9/35. 19

I last saw h alive on 10/9/35. 19 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary Tuberculosis. | |
| Tuberculous Meningitis | over |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. Hansen Albertson M. D.

(Address) University Hospital

16627 F 16627

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-2 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl 5 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Wallerson

If U. S. Veteran specify WAR .....

(a) Residence: No. ~~1309~~ 1514 Central Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wallerson

6. DATE OF BIRTH (month, day, year) 3/16/1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va

FATHER

13. NAME Edmond Wallace

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT Balto City Hospl (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 10/12 1935

19. UNDERTAKER Joseph A. Loyola. (Address) 1302 Jefferson St. Huntington Williams Co

10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1934 to 10/7, 1935

I last saw her alive on 10-7, 1935 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilitic ulcer | ? |
| Sepsis | ? |
| Other contributory causes of importance: Bronchopneumonia | 4 days |

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis Wassermann Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Robt. F. Martin M. D.

(Address) Balto City Hospl

M. D. B. 1268-9

16628

F 16628

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Regester St., 7 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Friedel

(a) Residence: No. 212 S Regester St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Friedel

6. DATE OF BIRTH (month, day, year): Sept 29 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Wood~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: ? Arnold

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Anna Friedel
(Address) 212 S Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 12, 1935

19. UNDERTAKER: Martin W. E. Dippel
(Address) 27 S Am St.

20. FILED Oct 12 1935, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935 to Oct 8, 1935

I last saw her alive on Oct 8, 1935. Death is said to have occurred on the date stated above, at 5.05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | 9/4/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. H. Heller M. D.

(Address) 1937 Clough St

Spec.—1-10-21—M&T—1500 Bks.

16629 F 16629

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Gough st ST., V WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine J Arnold

(a) RESIDENCE NO. 1728 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | W | Widowed |

5a If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of John F Arnold

6 DATE OF BIRTH (month, day, and year) Feb 3 1850

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | 8 | 5 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Chaney

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md (State or country)

12 MAIDEN NAME OF MOTHER Anastatia Cummings

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Daughter (Address)

15 Filed 10 1935, 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1935

17

I HEREBY CERTIFY, That I attended deceased from 3/25, 1935, to 10/7, 1935,

that I last saw her alive on 10/7, 1935,

and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows:

(Chronic Osseous Deformity

(Chronic Myocarditis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of No

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jay N Rudisill, M. D.

, 1935 (Address) 1623 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 12 1935

20 UNDERTAKER Martin W. E. Dippel

ADDRESS 37 S Amity St

F 16630

36-884

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Marguerite Lipscombe

(a) Residence: No. 3617 Keystone ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | white | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-8-33

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | 1 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Lipscombe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Hannon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Mount Calvary Date Oct 12, 19

19. UNDERTAKER [illegible]
(Address) 3615-17 Christian

Filed Oct 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935 to Oct 9, 1935

I last saw her alive on Oct-9, 19 Death is said to have occurred on the date stated above, at 8.35 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis following ruptured appendix | 3 days prior to 10/5 |

Other contributory causes of importance

Was an operation performed? Yes Date of Oct. 8, 1935

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 10/8/35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) M B Wadhams, M. D.

(Address) J. H. Hospital

10 1935

F 16631

16631 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** ✓ 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2954 Keswick Road St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Jane Rogue.

(a) Residence: No. 2954 Keswick Road St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow? |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Rogue.

6. DATE OF BIRTH (month, day, year) Sept 11, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry Hershey.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara A. McBride

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Elmer P. Rogue

(Address) 2954 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL

London Park. Date Oct 11, 1935

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Elm Ave.

0 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Oct 9, 1935

I last saw her alive on Oct 8, 1935. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| Intestinal Obstruction | |

Other contributory causes of importance:

Exhaustion

Myocarditis, Chronic Diffuse Arthritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Shanklin, M. D.

(Address) 4037 Falls Road

M. D. B 1263-9

F 16632

16632

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X-205-M

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 4 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Michael DelCollo

If U. S. Veteran specify WAR.....

(a) Residence: No. 908 S. Rodney St. Will. Del. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary DelCollo

6. DATE OF BIRTH (month, day, year) Feb. 18, 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 30 | 7 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

FATHER

13. NAME Dominic DelCollo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Randolph

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Michael DelCollo

(Address) 1228 Lancaster De.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Wil. Del. Date Oct. 14 1935

19. UNDERTAKER Paul Hegmann

(Address) 31 S. Broadway

Oct 15 1935 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Pelvis | |
| Internal Injury | |
| Probably Rupture of Liver | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 8, 1935, 19....

Where did injury occur? (Specify city, county and State) Krebs Pigment & Col. Cop. Curtis Bay Balto. Md.

Specify whether injury occurred in industry, in home, or in public place Industery

Manner of injury Struck by Crane

Nature of injury Fractur of Pelvis

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Orndorff M. D.

(Address) 2737 E. Monument

16633 ✓ F 16633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James Malcolm
(a) Residence: No. 46 Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 3/17/1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 6 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER
13. NAME James Malcolm
14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER
15. MAIDEN NAME Eliz
16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Oct 6 1935

19. UNDERTAKER
(Address)

20. DATE RECEIVED 10 1935 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/24 1935 to 10/5 1935
I last saw him alive on 10/5 1935 Death is said to have occurred on the date stated above, at 6p a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Anemia, cause unknown | ? |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Peter M. D.
(Address) Balto City Hosp

M. D. B 1268-9

F 16634

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16634

## CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital Dead on arrival

Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry L Eunice

If U. S. Veteran specify WAR .....

(a) Residence: No. Stemmers Run Rd St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Eunice

6. DATE OF BIRTH (month, day, year) 3-17-1899

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 36 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bates Md Co.

FATHER

13. NAME Wm Eunice

14. BIRTHPLACE (city or town) (State or country) Bates Md

MOTHER

15. MAIDEN NAME Mary L Byer

16. BIRTHPLACE (city or town) (State or country) Bates Md

17. INFORMANT Mrs Margaret Eunice

(Address) Essex, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 11 1935

19. UNDERTAKER John L. Connelly

(Address) Essex Md

Oct 10 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/35 12 1 19 AM

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10 7 1935

Where did injury occur? Pratt & Stricker St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell off Ladder on car track

Nature of injury Struck by moving car

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) 543 Wash Blvd Coroner

M. D. B 1268-9

16635 ✓ F 16635

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital (Dead on arrival) X 210-M

Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Lauman

If U. S. Veteran specify WAR .....

(a) Residence: No. Middle River Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Lauman

6. DATE OF BIRTH (month, day, year) 3-23-1903

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 32 | 6 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Phila Pa.

FATHER

13. NAME Charles Palmer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cora Reil

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo Lauman

(Address) Middle River Md Route

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 11, 1935

19. UNDERTAKER Thos S. Connelly

(Address) Essex Md

OCT 10 1935 Attention for Fees Clerk

6 MP

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-35-12 1/2 noon

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fx skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: C

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Acc Date of injury 10-7-1935

Where did injury occur? Bath & Shop St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Was struck on head by truck

Nature of injury Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert Wilkes Jr M. D. Coroner

(Address) 5 E Pat 2078

M. D. B 1268-9

F 16636

16636 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 275 N. Exeter St St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mack Dodd

(a) Residence: No. 275 N. Exeter St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nathaniel Raymond

(Address) 823 Hanford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct. 10 1935

19. UNDERTAKER Robert E. Lee & Son

(Address) 1515 Pennsylvania Ave

Huntington West Virginia

FILED OCT 10 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.17 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilitation | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

C. V. Renal Disease
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St Paul St

M. D. B. 1268-9

16637 F 16637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital St. (Yard)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Douglass

(a) Residence: No. 610 N. Caroline St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | colored | widower |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Douglass

6. DATE OF BIRTH (month, day, year) 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 45 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P&S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER FATHER

13. NAME Prince Douglass

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Margaret Udell

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Patrit
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 12 19 35

19. UNDERTAKER Robert F. Williams

(Address) 19 N. McElderry St

FILED OCT 11 1935 Huntington Ave. Baltimore, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1935 to October 7, 1935

I last saw him alive on October 6, 1935. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Arteriosclerosis | |
| Hypertension | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Walter Scharnagle M. D.

(Address) 1606 Penna. Ave.

M. D. P. 1268-9

16638

✓ F 16638

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 E. Preston St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or hospital or institution) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME { Mollie Lifetime / Mary A. Meyers

(a) Residence: No. 743 E. Preston St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Meyers

6. DATE OF BIRTH (month, day, year) July 11 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Robert J. McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Johanna Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Lottie Kennedy (Address) 743 E Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Metairie Cem. Date Oct. 11. 35

19. UNDERTAKER Chas. H. Kraus & Son (Address) 1830 Mc Henry St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6th, 1935, to Oct 9th, 1935

I last saw her alive on Oct 9th, 1935. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Oct 6th |
| Arterio sclerosis | ? |
| hypertension | ? |
| auricular fibrillation | Oct. 7 |

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Samuel Silberfeld, M. D.

(Address) 208 E. Preston St.

F 16639

6639

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

133

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Dashiells
If U. S. Veteran specify WAR None

(a) Residence: No. 3131 Eastern Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry.

6. DATE OF BIRTH (month, day, year) 9/4/77

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Early 1935
11. Total time (years) spent in this occupation 21-

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Lowe.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cath. Bloomhaus
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 11 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 01935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1935 to 10/8, 1935
I last saw her alive on 10/8, 1935 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pyelitis | 5 |
| Acidosis, Cause unknown. | |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.
(Address) Balto City Hosp

16640 ✓ F 16640

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR None

2. FULL NAME Laura Kidd

(a) Residence: No. 2735 W. North Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND OF~~ (or) WIFE OF: William H. Kidd

6. DATE OF BIRTH (month, day, year): 8/12/56.

7. AGE: Years: 79 | Months: 2 | Days: 27 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month, year): 1900

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Hiram Newell

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Frances Perdue

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Daughter - Mary H. Mosier

(Address) 2735 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Oct 12th 1935

19. UNDERTAKER: Wm. Cook

(Address) 1217 St. Paul St.

20. FILED: 1935 Huntington for Williams, Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1935 to 10/9, 1935

I last saw her alive on 10/9, 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 5 days |
| Arteriosclerosis | ? |
| Hypostatic | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G. Reiter M. D.

(Address) Balto City Hosp.

16641 E 16641

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Mary Sanders

(a) Residence: No. 1426 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Mata.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Williams

6. DATE OF BIRTH (month, day, year): 7/5/1857

7. AGE: Years 78. Months 3 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Killen

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Nancy Killeen

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Niece Sada M. Cannon 2706 Hope ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Oct 12th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul st

Huntington Williams Nov 3

0 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1935, to 10/9, 1935

I last saw her alive on 10/9, 1935 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| Arteriosclerosis | |
| Hypostatic pneumonia | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

6642 E 16642

# HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Belle Air St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Mary E. Taylor

(a) Residence: No. 3822 Belle Air St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of William H. Taylor

7. DATE OF BIRTH (month, day, year) Sept 24-1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 0 | 514 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John C. Graham

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Georgania Scott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm H. Taylor

(Address) 3822 Belle Air

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 11 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 10 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934, to Oct 9, 1935

I last saw h[illegible] alive on Oct 9, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cerebral Embolism | Oct 9/35 |

Other contributory causes of importance:

Hypertension Myocarditis Arteriosclerosis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

6643 ✓ F 16643

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54 D

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp. St. Ward) Life 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Svaboda — If U. S. Veteran specify WAR

(a) Residence: No. 507 N. Luzerne St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: White. | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1882

7. AGE — Years: 53 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coat

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Joseph Svoboda

14. BIRTHPLACE (city or town) (State or country): Czech

MOTHER

15. MAIDEN NAME: Barbora Matous

16. BIRTHPLACE (city or town) (State or country): Czech

17. INFORMANT: Records Best.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Hill Date Oct 11. 1935

19. UNDERTAKER: Frank Brach Son
(Address) 1910 Collington Ave

10 1935 Huntington Williams, M.D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1935 to 10/9 1935

I last saw him alive on 10/9 1935 Death is said to have occurred on the date stated above, at 5-30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 12 hrs. |
| Brain tumor ? | 5 mos |
| | |

Other contributory causes of importance: COPD

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 1935

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

F 16644 F 16644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pearl Bowie

(a) Residence: No. Brookville, Md. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

7. DATE OF BIRTH (month, day, year): Dec. 10, 1934

7. AGE — Years | Months: 10 11 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Mahlon Bowie

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Catherine Crowell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mahlon Bowie
(Address): Brookville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Hayshire Chapel Date: 10-13-35

19. UNDERTAKER: H. C. Himmelheber
(Address): Ellicott City, Md

(Signed) Elmer Wilkerson, M.D.

OCT 10 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/10/35

22. I HEREBY CERTIFY, That I attended deceased from 8/26/35, 19..., to 10/10/35, 19...

I last saw h.. alive on 10/10/35, 19... Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Hansen Albrittain M. D.

(Address) Univ. Hospital

F 16645 ✓ F 16645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 427 E 27th St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Della W. Callahan

If U. S. Veteran specify WAR ... No Record

(a) Residence: No. 427 E 27th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Wm. H. Callahan

6. DATE OF BIRTH (month, day, year): March 7-1863

7. AGE: Years 72 | Months 7 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stanton Va

13. NAME: Theo Greaver

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Rebecca Bright

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Wm H Callahan

(Address) 427 E 27th

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: 10/12/35

19. UNDERTAKER: Williams Code

(Address) 217 E Pratt St

FILED: OCT 11 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9/35. 10 20 PM

22. I HEREBY CERTIFY, That I attended deceased from February, 1935 to Oct 9, 1935

I last saw her alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 10 40 p.m. PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Other contributory causes of importance: Coronary Thrombosis | |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. J. Tice M. D.

(Address) 1106 Eutaw Pl

F 16646

H. D. B. 1268-M F 16646

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Hamlet Ave. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adolph H. Wurzbacher

If U. S. Veteran .....

Specify War .....

(a) Residence: No. 5502 Hamlet Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Catherine A.

DATE OF BIRTH (month, day, year) Sept 1 1885

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | 1 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Neckwear cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Oct 9 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adolph H Wurzbacher

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Anna M. Green

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. Catherine A Wurzbacher

(Address) 5502 Hamlet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date 10/12 1935

19. UNDERTAKER William Poole & Sons

(Address) 1217 St Paul St.

20. FILED OCT 11 1935

### MEDICAL CERTIFICATE OF DEATH 4 AM.

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave

F 16647 ✓ F 16647

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH Bal. Gen. Hospital 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.,

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No

2. FULL NAME John M. Freeman

(a) Residence: No. 2516 Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth M. Freeman

6. DATE OF BIRTH (month, day, year) Feb 14 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buyer

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

FATHER

13. NAME William Freeman

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Abigail Z.

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 12 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul st

20. FILED [illegible] 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1935 to Oct 10 1935

I last saw him alive on Oct 10 1935. Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign Hypertrophy Prostate | 4 yrs. ago |
| | |
| | |
| | |
| Other contributary causes of importance: | |
| Myocardial failure | 10/10/35 |
| Intestinal Obstruction | 10/9/35 |

Was an operation performed? yes Date of 10/7/35

For what disease or injury? Urinary Retention

Name of operation Cystoscopy Date of 10/7/35

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Everett D. Wood, M. D.

(Address) Bal. Gen. Hosp.

Locks

F 16648

F 16648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Locks

(a) Residence: No. 594 w Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19-1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Children none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert Locks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Pearl Mack

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Robert Locks

(Address) 594 W Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Cemetery Date Oct 11 1935

19. UNDERTAKER A Wolfe Sons & Edelstad

(Address) 1726 Pennsylvania Ave

20. FILED 11 1935 Huntington Thomas Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchopneumonia | Oct 8 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. S. Gallun Coroner M. D.

(Address) 5 S Paca

A&Co. 5-31 250B

16649 F 16649

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 806 W Franklin St., 16 Ward) 17-3

Length of residence in city or town where death occurred 56 yrs. 6 mos. 7 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anne D Wheatley

(a) Residence: No. 806 W Franklin St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col. | widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Wheatley

7. DATE OF BIRTH (month, day, year) April 1, 1879

| 8. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 6 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Nelson Broom

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Broom Wheatley
(Address) 806 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 11 19 35

19. UNDERTAKER Samuel N. Crane & Son
(Address) 630 N Gilmor St

FILED OCT 11 1935 Baltimore, Md.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/35

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935, to 10/8/35

I last saw her alive on 10/7/35 death is said to have occurred on the date stated above, at 10.30 m. A

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 10/4/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Parenchymatous nephritis | 8/4/35 |

Name of operation None Date of .....

What test confirmed diagnosis? Microscopical clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Bayley, M. D.

(Address) 1501 N. Caroline St.

Spec.—2-29-28—L. F. S.—500 Bks.

F 16650 ✓ F 16650

# F 16650 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Druid Hill Ave ST. 11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha J. Jones

(a) RESIDENCE NO. 1011 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | Col | Widow |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Jones

DATE OF BIRTH (month, day, and year) Feb 25 1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 7 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Private Family

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER John H. Stanford

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Emily Wright

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Mary L. Scott

(Address) 1011 Druid Hill Ave

Filed OCT 11 1935 Huntington Edwards, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935, to Oct 9, 1935, that I last saw h[illegible] alive on Oct 9, 1935 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency Arteriosclerosis and Diabetes Mellitus (duration) [illegible] yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Jones, M. D.

10/10, 1935 (Address) 1429 E Monument St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

20 UNDERTAKER Saml. P. Chase & Son

DATE OF BURIAL 10/11 1935

ADDRESS 638 N. Gilmor

F 16651

M. D. B 12-36

F 16651

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

128

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Booker

(a) Residence: No. 342 Dolphin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb 28, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0-7-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Alfred Booker

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Mary J. Robinson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Alfred Booker

(Address) 342 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 10/12 1935

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St.

20. FILED 10 11 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Peritonitis | |

Other contributory causes of importance: Peritonitis (General)

Was an operation performed? Yes Date of October 9-35

For what disease or injury? Acute Peritonitis

Name of operation Exploratory Laparotomy Date of Oct 9-35

What test confirmed diagnosis? Clinical + Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhenter M. D. Coroner

(Address) 1914 E. North Ave.

M. D. B. 1268-9

F 16652

F 16652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Fredenick

(a) Residence: No. 1218 Wanton St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Morris Fredenick

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Meyer

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Morris Fredenick

(Address) 1218 Wanton

18. BURIAL, CREMATION, OR REMOVAL

Locust Point Date Oct 12, 1935

19. UNDERTAKER Shroyer & Son

(Address) 1615 E Baltimore

20. FILED OCT 11 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1935 to October 10, 1935

I last saw him alive on October 10, 1935. Death is said to have occurred on the date stated above, at 3:10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Pneumonia (Lobar - upper right lobe) | |

Other contributory causes of importance: none

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 16653

F 16653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3611 Kenwick Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Linsenmeyer

If U. S. Veteran specify WAR World War

(a) Residence: No. 3611 Kenwick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Orbie M. Linsenmeyer

6. DATE OF BIRTH (month, day, year): Oct 11, 1894

7. AGE: Years: 40 | Months: 10 | Days: 24. | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Collection Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baer Electric Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0086

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: John A. Linsenmeyer.

14. BIRTHPLACE (city or town) (State or country): md.

15. MAIDEN NAME: Sophia J. Miller.

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT: Orbie M. Linsenmeyer.

(Address) 3611 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date Oct 14, 1935

19. UNDERTAKER: Chenoweth & Son.

(Address) 3615-17 Chestnut Ave

20. FILED: Oct 11 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935, to Oct 10, 1935

I last saw h[illegible] alive on Oct 9, 19.... Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Rheumatic Cardiac disease. (Mitral stenosis + regurgitation) | 2. |
| Other contributory causes of importance: Myocardial insufficiency. | Sept 22 35 |

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave

F 16654

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16654

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Old York Road St., 9 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 72 mos. ds. How long in U. S. If of foreign birth? 72 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katie E. Mooney

(a) Residence: No. 3510 Old York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Richard J. Mooney

7. DATE OF BIRTH (month, day, year) Not Known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| About | 75 | - | - | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Miss. Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Marie Morris

(Address) 3510 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Oct 12 1935

19. UNDERTAKER Harry Hoeck Sons, Inc.

(Address) 1301 E. Eager St.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to October 10, 1935

I last saw her alive on October 9, 1935. Death is said to have occurred on the date stated above, at 9:50 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct. 7, 1935

Other contributory causes of importance:

Myocarditis — August 1934

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Mungovan M.D.

(Address) 401 E. 25th Street

F 16655

16655 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-T 97

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St. 17 Ward)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Myrtle Wright
(a) Residence: No. 618 Perkins Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored.
5. Single, Married, Widowed, Divorced (write the word): Married.
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johns 98
6. DATE OF BIRTH (month, day, year): 7/23/94.
7. AGE: Years 37 4/7; Months 2; Days 15; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER
13. NAME: Bud Carter ?
14. BIRTHPLACE (city or town) (State or country)

FATHER
15. MAIDEN NAME: Mary Porter
16. BIRTHPLACE (city or town) (State or country): Balto. ?

17. INFORMANT: Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place MT Auburn Date 10/12 19 35
19. UNDERTAKER: Wm. A. Jackson
(Address) 916 Huntington Ave
20. FILED 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/8 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/27 1935 to 10/8 1935
I last saw her alive on 10/8 1935 Death is said to have occurred on the date stated above, at 4 05 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rupture of aorta | 1 hr. |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) Robert G. Reed M. D.
(Address) Balto City Hosp.

16656

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16656

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Mount St., 16 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Riley

(a) Residence: No. 1027 N. Mount St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Rice

6. DATE OF BIRTH (month, day, year) Sept. 29

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| Independent 40 [illegible] 66 | | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Jessie Rice

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Mary Coates

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Fanny Ireland
(Address) 1045 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 11, 1935

19. UNDERTAKER V. A. Brooks
(Address) 462 N. Carey St

Huntington Hillsville, W. Va.

FILED OCT 11 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) " (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11-12 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) A Hann M. D.
Coroner

(Address) 1215 Harmony

H. D. B. 1268-9

F 16657

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16657

## CERTIFICATE OF DEATH

49a

Registered No. .....

1. PLACE OF DEATH Aged Women's Home

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Van Hollen

(a) Residence: No. 1404 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) Jan 19, 1860

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | 8 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Van Hollen

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Alice Hanney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary V. Forestal
(Address) 1400 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Westernport Date Oct 11, 1935

19. UNDERTAKER Thomas Keehner
(Address) 120 S. Edmondson Ave

FILED 11 1935, 19 ... Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935 to Oct 10, 1935

I last saw h... alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 5A ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis c Auricular Fibrillation | ? |
| Other contributory causes of importance: Carcinoma of Ovary | about 2 yr. |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Elbert B. Jarrett, M.D.

(Address) 1115 St. Paul St., City

F 16658

6658

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

TV 117-a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15-14 Dunecan St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Clayton Stevenson

(a) Residence: No. Stevenson Md Baltimore Co Maryland

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8 9 5

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME None known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME None known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ella Brown

(Address) Stevenson, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy S. Auburn Date 9-10 1935

19. UNDERTAKER Jos. Geo. H. Kolb and Son

(Address) 1651 Druid Hill Ave

11 1935 Huntington Williams, Jr.

(Registrar)

APN

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1935 to 10-8 1935

I last saw him alive on 10-8 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Generalized Peritonitis | |
| Ruptured Ectopic Gest. Ulcer | 10-4-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-4-35

For what disease or injury? Generalized Peritonitis

Name of operation Exploratory Date of 10-4-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B Jarvis M. D.

(Address) Provident Hospital

H. D. B 1268-9

F 16659

6659

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital) 10 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES F. MULLEN

(a) Residence: No. 947-Forrest Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margie ( Hubbard)

DATE OF BIRTH (month, day, year) Oct. 6th, 1886

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | - | 3 | xxxx |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Mullen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Helen E. Burke
(Address) 947-Forrest Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 10-12- 1935

19. UNDERTAKER George J. Pepper, Inc.
(Address) 1765-Harford Ave.

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 Death is said I last saw h alive on , 19 to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of left femur | |
| Coronary Thrombosis | |
| | |
| | |
| Other contributory causes of importance: | |
| Gangrene of legs and abdomen | |

Name of operation None Date of

What test confirmed diagnosis By Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Nature of injury Sept 29 1935
Where did injury occur? 421 S Central Ave Stairs Transverse
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Fell off platform at Transmont
Manner of injury Fell
Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fall and accident

(Signed) , M. D.
Coroner
(Address) 1216 Keyser Bldg

H. D. B. 1268-9

F 16660

16660

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Dorsch

(a) Residence: No. 4109 Mossman Court St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 6, 1920

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 15 | | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Mother of E. Dorsch

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Ellen B Anderson

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mother of Dorsch

(Address) 4109 Mossman Court

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 12 1935

19. UNDERTAKER C. Howard Evans

(Address) 1405-07 St Paul St

19[illegible] 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1935, to Oct. 10, 1935

I last saw him alive on Oct. 10, 1935 Death is said to have occurred on the date stated above, at 3 40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Meningitis | |

Other contributory causes of importance: Pulmonary tuberculosis

Name of operation Autopsy Date of 1-21-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. N. Taylor M. D.

(Address) So. Balto. Gen. Hosp.

T 1935

M. D. B 1268-9

F 16661

16661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH South Baltimore Gen'l Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 75 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James J. Dondajewski

If U. S. Veteran specify WAR No

(a) Residence: No. 4812 Pennington Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22-1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 11 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore (State or country) Md. U.S.A.

MOTHER FATHER

13. NAME Joseph Dondajewski

14. BIRTHPLACE (City or town) Balto (State or country) Md. U.S.A.

15. MAIDEN NAME Anna R. Fallat

16. BIRTHPLACE (City or town) Baltimore (State or country) Md.

17. INFORMANT Mrs. Anna R. Dondajewski

(Address) 4812 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Oct 8 1935

19. UNDERTAKER A. Kemp & Son

(Address) 1200 Patapsco St

20. FILED OCT 8 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury 10/9, 1935

Where did injury occur? In front 4812 Pennington Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Ran behind parked auto car

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fletcher Bailey M. D.

Coroner

Address 5400 Patapsco St

...ec.—2-29-28—L. F. S.—500 Bks.

16662

F 16662

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 196 E. Heath ST. 23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME — Catherine Alberta Jones

(a) RESIDENCE NO. 196 E Heath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Jones

DATE OF BIRTH (month, day, and year): June 9-1895

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 4 | 1 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 0037

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): St Marys Co Md

10 NAME OF FATHER — Stephen E. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co Md

12 MAIDEN NAME OF MOTHER: Silvia Cecil

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co Md

Informant: John L. Jones

(Address)

Filed 1-1935, 19 — Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9-1935

17 I HEREBY CERTIFY, That I attended deceased from June 31, 1934, to Oct 9, 1935,

that I last saw h[illegible] alive on Oct 9, 1935

and that death occurred, on the date stated above, at 5.17 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 23-1934

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

10/12 1935 (Address) 1279 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.A. Co.

DATE OF BURIAL: 10/12 1935

20 UNDERTAKER: J. Fenn McCully

ADDRESS: 130 E. Fort

✓ F 16663

16663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 720 W. North Ave. St., 13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John E. Griffith

(a) Residence: No. 720 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate M. Savage

DATE OF BIRTH (month, day, year) June 9, 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 4 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance salesman (retired) 166

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Capt. John R. Griffith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Kenrietta Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Raight S. Griffith
(Address) 401 Rosecorft Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Oct. 12, 1935

19. UNDERTAKER John C. Mitchell Sons, Inc
(Address) 1300 Baltimore Street

Huntington Pittman, Registrar.

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Octobe 10, 1935.

I last saw h.m alive on Octoba 10, 1935. Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | |
| (Met Metastases to liver | 2 yrs |

Other contributory causes of importance:

Was an operation performed? Ks Date of

For what disease or injury? Ks

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? Ks

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Ks Date of injury, 19

Where did injury occur? Ks (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Ks If so, specify

(Signed) N. J. Jones, M. D.

(Address) 720 W. North Ave.

H. D. B. 1268-9

16664 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16664

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N. Durham St., 7 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Hajek

(a) Residence: No. 902 N. Durham St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widower |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Hajek

DATE OF BIRTH (month, day, year) Not Known

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Hajek

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Hajek

(Address) 902 N. Durham

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 14 1935

19. UNDERTAKER Frank Brach & Son

(Address) 906 N. Wanda

20. FILED 1935 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934 to Oct 10 1935

I last saw h..... alive on Oct 10 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |
| Other contributory causes of importance: | |
| Carcinomatosis | |

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E. Madison St.

M. D. B 1268-9

16665

F 16665

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

106-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ineths Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Kalus

(a) Residence: No. 2021 N. Wolfe St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rose Kalus

6. DATE OF BIRTH (month, day, year) August 15 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0002

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Kalus

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Nutmann

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Rose Kalus

(Address) 2021 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ht. Hebron Date Oct 14 1935

19. UNDERTAKER Frank Creech & Son

(Address) 1406 Eastern Ave

20. FILED Oct 17 1935 Huntington for Attorney [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchostasis (Acute) | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Pulmonary Hemorrhage (Acute) Bronchospasm Exam. Date of onset

Was an operation performed? ..... Date of Oct 9, 1935

For what disease or injury? Bronchostasis

Name of operation Bronchoscopic Exam. Date of Oct 10-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl Rehmeyer M. D. Coroner

(Address) 1919 E. North Ave.

✓ F 16666

6666

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Lakewood Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob J. Engelbach

If U. S. Veteran specify WAR

(a) Residence: No. 635 N. Lakewood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Wh. | Wid. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

7. DATE OF BIRTH (month, day, year) Oct 23, 1859

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 11 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Wm E. Engelbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Healey

(Address) 2825 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 12, 1935

19. UNDERTAKER Fred A. T. Haase & Son

(Address) 1214 S. Charles St

FILED 1935 Huntington Millwood, MD

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935 to Oct 8, 1935

I last saw him alive on Oct 8, 1935. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| Carcinoma of Neck - ? | 14 yrs |
| | |
| | |
| Other contributory causes of importance: | |
| Cardio-vascular-Renal disease - Senility | 3 yrs |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Usual Phy exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Krumrein, M. D.

(Address) 722 N. Kenwood Ave

16667 F 16667

# 16667 STATE OF MARYLAND—CERTIFICATE OF DEATH

53-C

**1. PLACE OF DEATH**

Registration Dist. No.

County

Village or City Baltimore, Md. No. 12 S. Carey St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Stanley M. Armiger

(a) Residence: No. 12 S. Carey St. St., Ward.
(Usual place of abode)
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| male | White | single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 20, 1910

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 2 | 21/20 | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Trainer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Race horses

10. Date deceased last worked at this occupation (month and year) Sept 1932 | 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas A Armiger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Nora A Gavin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas A Armiger
(Address) 12 Carey St Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 12 1935

19. UNDERTAKER Thomas P Singleton
(Address) Glen Burnie Md

20. FILED OCT 11 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Oct. 10. 1935.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Oct 10, 1935
I last saw him alive on Oct 10, 1935; death is said to have occurred on the date stated above, at 3:15 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of Brain, | 1 yr. |
| Coma | 1 wk |

Other **Contributory Causes** of importance:

None.

Name of operation Skull Opened by Dr Date of

What test confirmed diagnosis? Exam, Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas L Gorter, M. D.
(Address) 888 N Longwood St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. F 1268-9

F 16668

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16668

## CERTIFICATE OF DEATH

J 131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5107 Midwood Avenue St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARYLAND TURNER

(a) Residence: No. 5107 Midwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

6a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Samuel Turner

6. DATE OF BIRTH (month, day, year) Jan. 10, 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | 9 | -- | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandria Va.
(State or country)

13. NAME Joesph Lloyd

14. BIRTHPLACE (city or town) St. Mary's Co. Md.
(State or country)

15. MAIDEN NAME Celestia Steuart

16. BIRTHPLACE (city or town)
(State or country) St. Mary's Co. Md.

17. INFORMANT Miss Sadie Turner

(Address) 3205 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Laurel Md. 10/12 19 35

19. UNDERTAKER Chas. F. Bruce & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 11 1935 19 Huntington T. Thomas, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1935 to October 11 1935

I last saw h~~e~~r alive on Oct 10 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Endocarditis | |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Senile Nephritis | |
| | |
| | |

Name of operation ~~v~~ Date of

What test confirmed diagnosis? ~~v~~ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or ~~injury~~ in any way related to occupation of deceased?
No If so, specify

(Signed) Jefferies Busick M. D.

(Address) 5. Charles St

10/11/35

F 16669

16669 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 108

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Ensor St. 10 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bessie McClennan.

(a) Residence: No. 727 Ensor St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Female | Col | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 6. 1909

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 26 | 2 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Henry Jefferson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lee Pelton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roberta Allen

(Address) 1436 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Oct 12. 1935

19. UNDERTAKER Cayce Sanders

(Address) 1413 E. Preston St

20. [illegible] Huntington Williams Va

1 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-7- , 1935 to 10-9- , 1935

I last saw her alive on 10-9 , 1935 Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 10/1/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation. — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo R. Blake M. D.

(Address) 924 Linganillish

E 16670

16670 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

46-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Covington St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Wallace

(a) Residence: No. 1520 Covington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ross B. Wallace

DATE OF BIRTH (month, day, year) Feb. 5, 1868

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | 8 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Co. Virginia

13. NAME John Wallace

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Margaret Hensler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ross B. Wallace
(Address) 1520 Covington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 14 1935

19. UNDERTAKER A. Howard Evans
(Address) 1400-02 N. CHARLES STREET

Filed 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from August 24 1935 to Oct. 11 1935

I last saw him alive on Oct. 10 1935. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia as a result of Cirrhosis of Liver | June 1935. |
| Other contributory causes of importance: | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) R. S. Hare M. D.

(Address) 176 Cathedral

F 16671

16671 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 131

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Winterbourne Rd. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Isabella Evans Pinkerton

(a) Residence: No. 3501 Winterbourne Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen G. Pinkerton

DATE OF BIRTH (month, day, year) Oct. 27, 1853

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 81 | 11 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas H. Coulson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary H. Broughton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edwin B. Pinkerton

(Address) 3503 Winterbourne Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Oct. 12, 35

19. UNDERTAKER John O. Mitchell's Sons

(Address) 1900 Eutaw Place

FILED 11 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935, to Oct 10, 1935

I last saw her alive on Oct 10, 1935. Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | — |
| Hypertension | — |
| Nephritis chronic | — |
| Cerebral hemorrhage | Oct. 8 |

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ralph G. Hills, M. D.

(Address) 18 E. Eager St.

H. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16672

16672

## CERTIFICATE OF DEATH

186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ella Wynn King.

(a) Residence: No. 2921 N. Calvert St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, (or) WIFE of Henry S. King.

DATE OF BIRTH (month, day, year) October 26, 1859

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 75 | 11 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph R. Wynn.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emily Gould.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Henry W. King. (son)

(Address) 2921 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 10/12/3 1935

UNDERTAKER John O. Mitchell Sons.

[illegible] 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.10 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of right femur. | 10/5 |
| Occidental fall to floor. | |
| Other contributory causes of importance: Chronic Myocarditis. | |

Name of operation None. Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/5/35 19

Where did injury occur? 2921 N. Calvert St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Accidental fall.

Nature of injury Fractured right femur.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

10/11/35 (Address) 1017 E. Charles St.

M. D. H. 1268-9

F 16673

6673

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W. Monument St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Marie Van Devanter

(a) Residence: No. 212 N Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Robert Lee Vandevanter

6. DATE OF BIRTH (month, day, year) May 21 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 7 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt New Windsor Maryland

13. NAME Edwin A. Atlee

14. BIRTHPLACE (city or town) (State or country) New Windsor Maryland

15. MAIDEN NAME Sarah J. Shuey

16. BIRTHPLACE (city or town) (State or country) New Windsor Maryland

17. INFORMANT Mrs. E. C. McCauley

(Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Oct 17 1935

19. UNDERTAKER C. E. Cline & Son

(Address) Frederick Md.

(Filed) Oct 21 1935 Registrar. Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1935 to Oct 12 1935

I last saw h.er alive on Oct 12 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease | 2 yrs |
| Myocardial insuff | 6 wks |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

F 16674

6674

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 W Lanvale St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa A Cassell

If U. S. Veteran specify WAR

(a) Residence: No. 1541 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Cassell

DATE OF BIRTH (month, day, year) March 20 1859

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 6 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Andrew Alexander

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Clara Ann Cassell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. H Cassell

(Address) 1541 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 9. 14 35

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED 9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1935 to Oct 11 1935

I last saw her alive on Oct 10 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Bladder) Gall stones & empyema of gall | 1931 |
| Multiple arthritis | 1931 |
| Endocarditis | 1932 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 1931

For what disease or injury? Empyema of gall bladder

Name of operation Cholecystotomy Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Dodd M. D.

(Address) 735 N. Fulton Ave

F 16675

6675 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 212 Penn St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Jesse A Cochran
(a) Residence: No. 212 Penn St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Cochran

DATE OF BIRTH month, day, year May 2 1869

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 5 | 9 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler Co
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 20
7. BIRTHPLACE (city or town) (State or country) Delaware
13. NAME Leonard Miller
14. BIRTHPLACE (city or town) (State or country) Delaware
15. MAIDEN NAME Virginia Huntington
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Edgar Gilbert
(Address) 650 S Gay St
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 10/14/35
19. UNDERTAKER Geo M Cook & Co
(Address) 1214 E Baltimore St

P[illegible] 1935 Huntington for Pneumonia 6 days

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1935
22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to Oct 11 1935
I last saw h[illegible] alive on Oct 11 1935 Death is said to have occurred on the date stated above, at 8:30 AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Myocarditis | |
| own | 8/1/35 |
| (b) | |
| Other contributory causes of importance: | |
| Pneumonia | Oct 6 35 |

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased? ...
If so, [illegible]
(Signed) Edmund Dixon M. D.
(Address) [illegible]

M. D. B 1268-9

16676 F 16676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Brunt Court St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary V. Gobbins

If U. S. Veteran specify WAR .....

(a) Residence: No. 1502 Brunt Court St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gobbins.

6. DATE OF BIRTH (month, day, year) Aug 24 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Joseph A. Farrell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anna F. Handy

(Address) 1023 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 12, 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St

OCT 12 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris, | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) G. Ham Coroner, M. D.

(Address) 2 Bryan Ave

16677 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

16677 ✓ 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. Ward 14)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1515 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Col. | Single |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct 11, 1914

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 21 | 20 | 11 | 18 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Wm. Robinson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Mary Robinson

(Address) 1515 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 12 1935

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St

20. FILED Oct 12 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1935, to 10-9, 1935

I last saw him alive on 10-9, 1935. Death is said to have occurred on the date stated above, at 8.15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 9-25 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Harris, M. D.

(Address) Provident Hosp.

F 16678

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Burbs If U. S. Veteran specify WAR .....

(a) Residence: No. 135 S Wheatcroft St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 8/22/35

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 6 wks | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md —

13. NAME John Burbs

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Hazel Neal

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Oct. 12 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

20. FILED Huntington Williams, Registrar
OCT 12 1935 by [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Oct 10, 1935
I last saw him alive on Oct 10, 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis | ? |
| Anemia | ? |

Other contributory causes of importance:
Prematurity
Congenital syphilis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood counts & tests, urinalysis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Louise Snyder M. D.

(Address) Johns Hopkins Hosp.

16679 E 16679

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Hazel Taylor

(a) Residence: No. 1522 Presstman st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1916

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 19 | | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0070
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown
12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland
13. NAME James Taylor
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Gertrude Taylor
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Oct. 12 1935
19. UNDERTAKER Thos. E. Kelly
(Address) 1303 Presstman St
20. FILED Oct 12 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1935
22. I HEREBY CERTIFY, That I attended deceased from August 13, 1935, to Oct. 10, 1935
I last saw her alive on Oct. 10, 1935. Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | March 1935 |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur Karlson M. D.
(Address) Baltimore City Hospitals

M. D. B 1268-9

F 16680

6680

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210 -F

1. PLACE OF DEATH St Joseph's Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward) Registered No. .....

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Dickson Dixon U. S. Veteran specify WAR. No

(a) Residence: No. 337 N. Stricker St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Estella Dickson Dixon

6. DATE OF BIRTH (month, day, year) 12/27/1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Dorchester Co

15. MAIDEN NAME Estella ?

16. BIRTHPLACE (city or town) (State or country) Near Chester Co

17. INFORMANT Estella Dickson Dixon (Address) 337 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Dorchester Co. Md Date Oct 13, 19 35

19. UNDERTAKER Mrs Kate R Williams (Address) 322 N Schroeder St

FILED 10 1935, 19, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Ele Date of injury 10/9, 1935

Where did injury occur? Preston Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Jumped out 2 door of moving

Nature of injury Auto truck

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify) Hubert Eugene Dixon M. D.

(Signature) Coroner

(Address) 5346 Park Heights Ave

Spec.—9-30—A. & Co.—220 Bks

F 16681

16681

# HEALTH DEPARTMENT—CITY OF BALTIMORE

151

## CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Franklin Sq. Hosp
CITY OF BALTIMORE: (No Balto. ST. ND WARD)

2 FULL NAME Gustav Branckhoff.

(a) RESIDENCE No. 1638 Eddox St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married. |

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Clara. Branckhoff

6 DATE OF BIRTH (month, day, and year) April 8 1861

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 6 | 3 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber. 10-4
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ferdinand Branckhoff
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Dot Kinder
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Clara A Branckhoff
Address 1638 Eddox st

Filed 2 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10/'35

17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935, to Oct 10, 1935
that I last saw him alive on Oct 10, 1935
and that death occurred, on the date stated above, at 3.05 p m.

The CAUSE OF DEATH* was as follows:
Carbuncle of neck 10 da.
Septicemia 4 da.
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertensive arteriosclerotic disease
(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of 10/9/'35
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) D. D. Capler, M. D.
(Address) Franklin Sq. Hosp. Balto.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill
DATE OF BURIAL Oct 14 1935

20 UNDERTAKER John F Denny
ADDRESS 715 Light St

F 16682

6682

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Dillon St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christena Lang

(a) Residence: No. 3407 Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Lang

DATE OF BIRTH (month, day, year) Dec. 25, 1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 67 | 68 | 9 | 15 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Weidel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT (Address) Mrs. Margaret Hoover, 3407 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cemt. Date Oct. 13, 1935

19. UNDERTAKER (Address) George W. Zirkler 1737 E. Eager St.

20. FILED 2 1935 Huntington Millhouse, N.P. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Oct 10, 1935

I last saw her alive on Oct 10 - 1935 Death is said to have occurred on the date stated above, at 1,40am m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis + Uremia | 1927 |
| Hypocardiosis | 1927 |
| Bronchopneumonia Oct 3 - | 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert H. Hartman, M. D.

(Address) 251 Fair Ave

F 16683

6683

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Mont. Ave 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ethel Jones

If U. S. Veteran specify WAR

(a) Residence: No. 1507 Mont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | Col | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Jones

DATE OF BIRTH (month, day, year) 1901-

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thos Bosley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Foster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Foster
(Address) 1507 Mont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 12 1935

19. UNDERTAKER Eschbach & Gaylor
(Address) 2451 Pine Baltimore St.

1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/35 19

22. I HEREBY CERTIFY, That I attended deceased from 10/10/35 19 to 10/12/35 19

I last saw her alive on 9/9/35 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis 1 yr. Pyelonephritis

Pulmonary Tuberculosis 4 yrs.

Other contributory causes of importance: Hard work

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) 1507 Mont. ave

F 16684

H. D. B. 1268-9

6684

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4020 Bateman Ave. St., 15 Ward)

Length of residence in city or town where death occurred 91 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Bremer

(a) Residence: No. 4020 Bateman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Bremer

DATE OF BIRTH (month, day, year) July 4, 1844

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 91 | 3 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. J. Fred Hoffert

(Address) 4020 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date Oct. 14, 1935

19. UNDERTAKER St. Paul Reformed Cem
(Address) Baltimore Md.

FILED 2 1935 Huntington Fullerton, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to Oct 11, 1935

I last saw h[illegible] alive on Oct 10, 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10 8 |

Other contributory causes of importance:

Arteria Sclerosis

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Summit, M. D.

(Address) 4508 Liberty Hgts

F 16685

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

Registered No. .....

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Lowell & Saratoga St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Alberts

(a) Residence: No. 2910 Gibson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Alberts

7. DATE OF BIRTH (month, day, year): Dec. 16, 1877

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 10 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manufacturer Canvas

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Manufacturer

10. Date deceased last worked at this occupation (month and year): Sept 1935

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

13. NAME: William H. Alberts

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Emma Ward

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Hospital Rcd.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park. Date: Oct 14th 1935

19. UNDERTAKER: Fuhrman Funeral Parlor

(Address): 2401 Belair Rd

Huntington Millinery Co

OCT 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Oct 11, 1935

I last saw h... alive on Oct 11, 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Bladder | |
| over | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. N. Carey, M. D.

(Address) Ward Rock.

pec.—8-16-29—L. F. S.—100 Bks.

F 16686

6686

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha (Bessie) Baugert

(a) RESIDENCE NO. 716 S. Lakewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Baugert

DATE OF BIRTH (month, day, and year) Nov, 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 11 | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Charles Wiesner

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Caroline Seifert

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Joseph Baugert

(Address) 716 S. Lakewood ave.

Filed Oct 14 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH Oct. 10, 1935

16 DATE OF DEATH (month, day, and year) Oct 10 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1935 19 to Oct. 10, 1935,

that I last saw her alive on Oct. 10, 1935

and that death occurred, on the date stated above, at 5 35 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

Chronic Nephritis

Chronic Myocarditis

Bronchial Pneumonia (terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Andrew Hamerman, M. D.

, 19 (Address) 2079 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Oct. 14 1935

20 UNDERTAKER Stephen J. Fralloworks Inc

ADDRESS 1000 Kenyon Ave

F 16687

16687

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Roberts

If U. S. Veteran specify WAR .....

(a) Residence: No. 610 N Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

7. DATE OF BIRTH (month, day, year) 1850.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ont

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Shore, Md.

13. NAME Henry Roberts

14. BIRTHPLACE (city or town) (State or country) E. Shore, Md.

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) E. Shore, Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem. Date Oct 14 1935

19. UNDERTAKER Samuel H. Chase & Son

(Address) 63 P. N. Avenue

1935 Huntington Millware, N.S. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1934 to 10/9, 1935

I last saw him alive on 10/9, 1935 Death is said to have occurred on the date stated above, at 12 m. Straight.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 5 days |
| Myocarditis insufficiency | 5 days. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

N.A. If so, specify

(Signed) Robert A. Pitts M. D.

(Address) Balto City Hosp

A&Co. 5-11 2508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

6688 6688

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N Strieker St., 19 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Towson Bryant

(a) Residence: No. 310 N Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6. If married, widowed or divorced (or) WIFE of Chas Bryant

7. DATE OF BIRTH (month, day, year) June 19 1899

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 3 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1041

10. Date deceased last worked at this occupation (month and year) 8 yrs

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Wm Towson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Celia Coleman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace Walker
(Address) 310 N Strieker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 12 1935

19. UNDERTAKER Jos. F. Grace & Son
(Address) 638 N. Gilmor

20. FILED 2 1935 Huntington Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Oct 9 1935

I last saw her alive on Oct 9 1935 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 10/4/35 |
| Other contributory causes of importance: | |
| Myocarditis | chr |

Name of operation ..... Date of .....

What test confirmed diagnosis? Reg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. G. Borell M. D.

(Address) 901 Eutaw Pl

16689 E 16689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Fait Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Newkirk

(a) Residence: No. 3612 Fait Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of A. Harry Newkirk

DATE OF BIRTH (month, day, year) Dec. 28 1857

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 9 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Walter M Newkirk (Son)

(Address) 3612 Fait Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 12 19 35

UNDERTAKER (Address) Lilly & Zeiler Inc 423 So Wolfe St

Washington Hillsboro, Va

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep 4, 1935, to 10/10, 1935

I last saw her alive on 10/9/35, 1935. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Pulmo Congestion | |
| Myocarditis (Chronic) | |
| Other contributory causes of importance: | |
| Hypostatic Pneumonia | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) [illegible] M. D.

(Address) 622 S. Conkling

H. D. B 1268-9

16690

E 16690

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Eastern St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benj. Piorunski

(a) Residence: No. 2021 Eastern St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria

6. DATE OF BIRTH (month, day, year) Sept 8 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 1 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broom maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. workshop for the Blind 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russian Poland

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Russia Poland

15. MAIDEN NAME Amalia Untanm

16. BIRTHPLACE (city or town) (State or country) Russia Poland

17. INFORMANT Leo Piorunski

(Address) 810 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 14 1935

19. UNDERTAKER F. W. Ozazewski

(Address) 1930 Eastern Ave.

Filed ..... 19..... Registrar.

21935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic nephritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright M. D.

(Address) 1010 S. Edward Ave. Coppier

H. D. B 1268-9

6691

F 16691

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 W. Mulberry St. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Bertha Augustus

(a) Residence: No. 823 W. Mulberry St., St., ....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| mal | Col | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Agustus

6. DATE OF BIRTH (month, day, year) 1889

7. AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 46 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER'S FATHER

13. NAME James E. Payne

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT James Augustus

(Address) 823 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 12, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

OCT 12 1935 ....., 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) Oct. 9, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Disease | |
| of Heart | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ....Date of....

For what disease or injury?

Name of operation.... Date of....

What test confirmed diagnosis? ....Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

....If so, specify

(Signed) F. C. Helm M. D.

Coroner

(Address) 2737 E. Monument

H. D. P. 1208-9

16692 F 16692

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 N. Pratt St. St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L Vernay

(a) Residence: No. 1411 N. Pratt St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Benjamin F Vernay

DATE OF BIRTH (month, day, year) Feb 19-1866

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | 7 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Fenton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ellen Ensor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William Struble

(Address) 1411 N. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Oct 14, 1935

19. UNDERTAKER Robt C + B M. Walters

(Address) NE cor Pratt + Stricker St

Huntington Williams Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Oct. 11, 1935

I last saw h. W alive on Oct 10, 1935 Death is said to have occurred on the date stated above, at 6:20 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-Renal Disease | |
| Other contributory causes of importance: Cerebral Hemorrhage | 10/10/35 |

Name of operation None Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Dieffer, M. D.

(Address) 1326 W. Lombard

. D. B 1268-9

16693 E 16693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

111a

1. PLACE OF DEATH (Bon Secours Hospital)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St., 19 Ward)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Timothy Gooman

(a) Residence: No. 1410 W. Pratt. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie R. Gooman

DATE OF BIRTH (month, day, year) Dec 24-1858

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 9 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 50+

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Timothy Gooman

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Gilbert Gooman

(Address) 1410 W. Pratt St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 14 1935

UNDERTAKER Robt C. & B.M. Walters

(Address) 16 & 18 Pratt & Stricker St

1935 Permit to Bury Issued

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-30 1935 to 10-10 1935

I last saw him alive on 10-10 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance are as follows:

Cancer of Rt. Lower Lobe of Lung Caused by Tuberculosis Through Inf. Pulmonary Artery & Acute Dilatation of Rt. Auricle

Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dane F. Stanton M. D.

(Address) Bon Secours Hospital

M. D. B 1268-9

✓ F 16694

16694

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 W. Lombard St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline J. Bailey

(a) Residence: No. 1128 W. Lombard St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced (or) WIFE of John M. Bailey

6b. DATE OF BIRTH (month, day, year) Sept 29th 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63. | | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Humphreys

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Mary A. Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs John M. Bailey

(Address) 1128 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/14/ 1935

19. UNDERTAKER Jno. J. Curran & Son

(Address) 901 W. Fayette St.

20. Filed 1935 Registrar.

2 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7. 1935 to Oct. 10. 1935

That I saw her alive on Oct 10. 1935 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns 2nd & 3rd Degree | 3 Da |
| Burns | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Myocarditis | 1 Da |

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/7 1935

Where did injury occur? 1128 W. Lombard St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burns 2nd & 3rd Degree Burns

Nature of injury Clothes caught fire while burning trash

Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward [illegible], M. D.

(Address) 884 W. Lombard St.

M. D. B. 1268-9

16695 F 16695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

138

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8 Ward)

Length of residence in city or town where death occurred 11 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Goldsborough

(a) Residence: No. 1744 Llewellyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | married |

6. If married, widowed, or divorced HUSBAND of ~~late~~ WIFE of Melvinia Goldsberry

DATE OF BIRTH (month, day, year) July 1903

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 32 | 3 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Stoker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W & B

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

13. NAME John Goldsbury

14. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

15. MAIDEN NAME Craddock

16. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

17. INFORMANT Melvinia Goldsbury

(Address) 2006 Llewellyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct. 14 1935

19. UNDERTAKER Robert Williams

(Address) 1515 N. Eutaw St

20. FILED Oct 14 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1935 to October 10, 1935

I last saw h.. alive on October 10, 1935 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Abscess of scrotum | |
| 2. Pyaemia | |
| 3. Multiple abscess | |
| 4. Pneumonia | Oct 2d |
| Other contributory causes of importance: | |

Name of operation I & D scrotal abscess Date of 5-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

H. D. B 1268-9

66696

F 16696

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 14 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Roland Cook

(a) Residence: No. 1714 Ethwin St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bennetsville (State or country) South Carolina

13. NAME Daniel Thomas Cook

14. BIRTHPLACE (city or town) Bennetsville (State or country) South Carolina

15. MAIDEN NAME Terry ?

16. BIRTHPLACE (city or town) Bennetsville (State or country) South Carolina

17. INFORMANT John Hopkins Hospital (Address) Balto Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Oct 12 1935

19. UNDERTAKER Robert F. McClain (Address) 1515 N. Eutaw St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Trigeminal Neuralgia (48) | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? Yes Date of October 9/1935

For what disease or injury? Trifacial Neuralgia

Name of operation Resection 2nd & 3rd Division Date of Oct 7-35

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1914 E. Madison Ave

F 16697

6697

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Cornish

If U. S. Veteran specify WAR

(a) Residence: No. 722 W. Broad St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Col | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Cornish

DATE OF BIRTH (month, day, year) Feb 10 1890

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 45 | 45 | 8 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Geo Cornish

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME OF MOTHER Maria Henry

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Annie Cornish

(Address) 722 W. Broad St

18. BURIAL, CREMATION, OR REMOVAL Dorchester

Place Trinity Methodist Date Oct 13, 1935

19. UNDERTAKER Robert McKenzie

(Address) 1515 McCulloh St

FILED Oct 12 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935, to 10-10, 1935

I last saw him alive on 10-10, 1935. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Card- | |
| Vascular Disease | |
| Chronic Coma | 6 hrs |
| Other contributory causes of importance: | |
| Acute Retention | |

Was an operation performed? yes Date of

For what disease or injury? Acute Retention

Name of operation Suprapubic cystotomy Date of 10-8

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Davis M. D.

(Address) Provident Hospital

D. B. 1268-4 F 16698 ✓ F 16698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 16698

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Oakford Ave St., 17/5/10 (Ward)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Henry Wode.

(a) Residence: No. 4007 Oakford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married. |

If married, widowed, or divorced HUSBAND of (or WIFE of) Mary M Wode

DATE OF BIRTH (month, day, year) June 16 - 1879.

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 56 | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman. Retd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical.

10. Date deceased last worked at this occupation (month and year) 10-11-35. 11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Wode

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Alice Alcott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Elvira Wode.

(Address) 4007 Oakford ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Oct 14 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Ave

OCT 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12- 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11- 1935 to October 12- 1935

I last saw him alive on October 12- 1935. Death is said to have occurred on the date stated above, at 1:12 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 10-10-35 |
| Other contributory causes of importance: Chronic Interstitial Nephritis | unknown |
| Pyelitis | unknown. |

Name of operation none Date of ...

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Rilands, M. D.

(Address) 2532 Edmondson Ave.

H. D. P. 1268-9 F 16699

F 16699.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-016649

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Rose

(a) Residence: No. Mount Hope Retreat, Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 3-1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 4 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME Williams Rose

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances Hagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lizzie Brady Niece Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 14th 1935

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED 19 [illegible]

OCT 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 1925 to Oct 11, 1935

I last saw him alive on Oct. 11, 1935 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Sudden |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | ? |
| Manic Depressive | |

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley P. Hill M. D.

(Address) Mt Hope Retreat.

M. D. R. 1268-2

F 16700

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16700

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 642 Greenmount Ave (Ward) 17

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Johnson

(a) Residence: No. 642 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Virginia Johnson

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 22 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Found dead

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME William Johnson

14. BIRTHPLACE (city or town) Balto Md
(State or country)

15. MAIDEN NAME Roberta Sims

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mrs Robertson
(Address) 642 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cedar Date Oct 14 1935

19. UNDERTAKER Elroy D Wilson
(Address) 1200 Brandon

FILED Oct 13 1935 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1935 to Oct 11 1935

I last saw him alive on Oct 11 1935 Death is said to have occurred on the date stated above, at 6:30 Pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary T.B. | 1933 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

16701

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16701

## CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Forney Alley 4 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie DE Shields

(a) Residence: No. 623 Forney Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. Sex | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ? ? 1885

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 7 | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Richmond
(State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) ...
(State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country) Va

17. INFORMANT Nellie DE Shields
(Address) 623 Forney Alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 10/14/ 1935

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St

FILED 13 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to Oct 10, 1935
I last saw her alive on Oct 6, 1935 death is said to have occurred on the date stated above, 9:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uteri | |
| Other contributory causes of importance: | |

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. F. Howell M. D.
(Address) 601 E Carrollton Ave

F 16702 ✓ F 16702

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3408 University Place St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Elizabeth C. Baldwin
(a) Residence: No. 3408 University Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 10, 1917

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 17 | 1 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.
13. NAME Arthur S. Baldwin
14. BIRTHPLACE (city or town) Canada
(State or country)
15. MAIDEN NAME Elizabeth Morse
16. BIRTHPLACE (city or town)
(State or country) Conn.
17. INFORMANT Mrs Elizabeth Baldwin
(Address) 3408 University Place
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 14, 1935
19. UNDERTAKER C. Richard Fleming
(Address) 2107 N. Hilton St.
FILED ... 19 ... Registrar

131 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to Oct 10 1935
I last saw h[illegible] alive on Oct 10 1935 Death is said to have occurred on the date stated above, at 9:50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | ? |

Other contributory causes of importance:
Chronic Glomerular Nephritis

Was an operation performed? NO Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Frank J. Geraghty, M. D.
(Address) 3047 St. Paul St.

F 16703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16703

82-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3300 Mondawmin Ave 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Emma M. Momenthy

(a) Residence: No. 3300 Mondawmin Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of E. Bruno Momenthy

DATE OF BIRTH (month, day, year) May 17. 1870

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 4 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Walter Jones.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary E. Kenan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT E. Bruno Momenthy
(Address) 3300 Mondawmin Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 14. 1935

UNDERTAKER Mr. Mrs. John W. Tenkel & Son
(Address) 501 W. Fayette St.

FILED [illegible] Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4. 1935 to Oct 11. 1935
I last saw h[illegible] alive on Oct 11. 1935, Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Terminal | 6 days |
| Other contributory causes of importance: General Sclerosis | |
| Senility | ✓ |

Was an operation performed? no Date of ✓
For what disease or injury? ✓
Name of operation none Date of ✓
What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ✓

(Signed) Galen L. Tetard M. D.
(Address) 1219 Eutaw Street

F 16704 ✓ F 16704

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Thomas Smith

(a) Residence: No. 665 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

If married, widowed, or divorced (or) ~~WIFE~~ of Nettie Smith

DATE OF BIRTH (month, day, year) 7/5/1883

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 3 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None died
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME Chas Smith
13. BIRTHPLACE (city or town) (State or country) Balto md
14. MAIDEN NAME Nettie Smith
15. BIRTHPLACE (city or town) (State or country) Balto md
16. INFORMANT Nettie Smith wife
(Address) 665 Sarahann St
17. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/13/39
18. UNDERTAKER Chas G. Cooper
(Address) 514 N Calhoun St.
19. FILED 3 1933 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10- 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-2- 1933, to 10-10- 1933
I last saw him alive on 10-10- 1933. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pt. Lobar Pneumonia | 10-3 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Lab Was there an autopsy? Ye

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Calvin Blechynden M. D.
(Address) Provident Hosp.

F 16705

F 16705

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Poplargrove St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Falk

(a) Residence: No. 1718 Poplargrove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) Dec 1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 10 | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Louis Falk

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Shaina Bella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jennie Falk.

(Address) 1718 Poplargrove St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Hebrew Date Oct 14 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1217 E Balto St

20. FILED Oct 13 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935 to Oct 11, 1935

I last saw him alive on Oct 11, 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure (acute) | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic myocarditis | about 4 yrs. |
| Chronic Bronchitis | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph H Zeeler M. D.

(Address) med Facts B'ldg.

F 16706 ✓ F 16706

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. C. H. I. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Kubal

(a) Residence: No. 2640 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown Michael Kubal

DATE OF BIRTH (month, day, year) Aug. 24, 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 1 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Joseph Paczka

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Mrs. Josephine Paczka

(Address) 2640 McElderry St.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 15, 1935

18. UNDERTAKER Frank Gerth Sons

(Address) 1906 Eastland Ave.

19. FILED Oct 13 1935 Huntington, West Virginia, Nov. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1935 to Oct. 11, 1935

I last saw h e alive on Oct. 11, 1935 Death is said to have occurred on the date stated above, at 9:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteria Sclerosis & gangrene | May 1935 |
| Broncho pneumonia | Oct 9, 1935 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton J. Adams, M. D.

(Address) Comet Towers Apts

F 16707

F 16707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 100

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr Frank Schwartz

(a) Residence: No. 2745 Huntington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Isaac Schwartz
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Minnie
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Washington Blvd Date 10/14/35
19. UNDERTAKER Levy Bros Inc
(Address) 1439 E. Balto St.
20. FILED OCT 13 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1935 to Oct 12 1935
I last saw h alive on Oct 12 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pellagra of 5 months Duration | 10/9/35 |
| Arterial Sclerosis | 1920? |

Other contributory causes of importance:

Name of operation Hemorrhoidectomy Date of 10/7/35
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Alexander M. D.
(Address) West Balto Gen'l Hosp

621 F 16708 ✓ F 16708

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-e

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nettie Rosofsky

(a) Residence: No. 4101 North Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced (or) WIFE of Jacob

DATE OF BIRTH (month, day, year) Sept

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel Gelfstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Way

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 10-14 1935

UNDERTAKER Jack Lewis Inc.

(Address) 1434 E Baltimore St

OCT 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26 1935 to Oct 13 1935

Last saw h[illegible] alive on Oct. 13 1935. Death is said to have occurred on the date stated above, at 8:05 a m.

The principal cause of death and related causes of importance were as follows:

Brain tumor, malignant — Date of onset May '35

Other contributory causes of importance:

Was an operation performed? Yes Date of July 6, 35

For what disease or injury?

Name of operation Decompression — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Stafford M. D.

(Address) Johns Hopkins Hosp

F 16709 ✓ F 16709

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? 12 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Schuff

(a) Residence No. 2028 E. Fairmount ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Gali Dworkin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Galle

16. BIRTHPLACE (city or town) (State or country) Russia Kopitar Pescado.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL Date 10/13/35 19

Pikesville Mt Carmel

UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto. St.

FILED OCT 13 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Oct 12, 1935

I last saw he alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | |
| Chronic Myocarditis | |
| Cardiac hypertrophy & dilatation | |
| Mitral insufficiency | |

Other contributory causes of importance:

Cardiac Insuff - Right & Left sided failure

Chronic bronchitis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David P. Roberts M. D.

(Address) Sinai Hospital

16710

045

F 16710

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ) St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME — Mary Lee Hill

(a) Residence: No. 717 George St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | — |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-28-34

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 9 10 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Henry Hill

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME anna Nauckins

16. BIRTHPLACE (city or town) (State or country) V

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date 10/13 19 L

UNDERTAKER Walter B. Spicer

(Address) 134 Hamilton Ave

FILED Dec 13 1935 Harrington Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 11, 1935

I last saw h.r alive on Oct 11, 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mongolism | Birth |
| Congenital Heart - septal defect | " |
| Pneumonia | 2 days ago |

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward P. Burch, M. D.

(Address) Johns Hopkins Hosp.

F 16711 ✓ F 16711

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Turner

(a) Residence: No. 617 Pierce St., ..... Ward. 3A. F

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | B. | S. |

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ Widowed

DATE OF BIRTH (month, day, year) 12

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 13 | | | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year) ✓ | 11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Boyd

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Amelia Jackson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Amelia Turner

(Address) 617 Pierce St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Bros Date 10/14/35 19

UNDERTAKER Yates & Boyd

(Address) 134 Whitelock St.

FILED Huntington Williams Jr

OCT 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 9 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1935, to 10-9, 1935

I last saw him alive on 10-8, 1935 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus - cause unknown probably post encephalitic | Birth |

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-5-35

For what disease or injury? Diagnosis

Name of operation Ventriculogram Date of 10-8-35

What test confirmed diagnosis? ↑ Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Irving Freeman M. D.

(Address) University Hospital, Balto

16712

# HEALTH DEPARTMENT—CITY OF BALTIMORE F 16712

## CERTIFICATE OF DEATH

301-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woodberry Quarry,

CITY OF BALTIMORE: (No. Clipper Road. St., 4 Ward)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob E. Flichman.

(a) Residence: No. 751 uto E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Married |

If married, HUSBAND of Bessie L. Flichman.

6. DATE OF BIRTH (month, day, year) May 6, 1895.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 5 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur. 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jacob Flichman.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Susanna M. Deitz.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Bessie L. Flichman.(wife)

(Address) 38 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park National Date Oct. 14, 35

19. UNDERTAKER Walter Davis

(Address) 3418 Eastwind Ave.

FILED 13 1935 Huntington Printing Co.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Skull | |
| Due to explosion of dynamite | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? Clipper Road.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Place of employment.

Manner of injury

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto H. Reinhardt, M. D.
Coroner

10/13/35 (Address) 1017 E. Charles St.

D. B. 1268-3

F 16713

F. 167183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Beechtree St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie C. Stultz Stambaugh

(a) Residence: No. 3310 Beech tree St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. ~~Single, Married, Widowed,~~ Divorced (write the word): divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug. 12 1872.

7. AGE: Years 63. Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): York Co. Pa.

13. NAME: John Stultz

14. BIRTHPLACE (city or town) (State or country): York Co. Pa.

15. MAIDEN NAME: Lydia Hallick

16. BIRTHPLACE (city or town) (State or country): York Co. Pa.

INFORMANT: Mr. Geo. H. Stambaugh

(Address) 3310 Beech tree

BURIAL, CREMATION, OR REMOVAL

Place: Woodland Cem. Date: Oct. 15 35

UNDERTAKER: Walter Davis

(Address) 3415 Chestnut ave.

FILED: Huntington Williamsport

OCT 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1935 to Oct 12 1935

I last saw h alive on Oct 12 1935. Death is said to have occurred on the date stated above, at 10 00 Am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Broncho | |

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Brafton M. D.

(Address) 827 W. Chase St

F 16714 ✓ F 16714

304790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 13-B

## CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Munsey — If U. S. Veteran specify WAR X

(a) Residence: No. 97 6th St St., ..... Ward. Beckley W Va
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorena

DATE OF BIRTH (month, day, year): 7-6-87

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 3 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: W Munsey

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Martha J ?

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
mbeze, Russell Co Va Date 10/13/35 19 35

19. UNDERTAKER: J C Mitchell Sons
(Address) 900 Eutaw place

13 1935 Huntington Williamson W. Va.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1935, to Oct 13, 1935

I last saw him alive on Oct 13, 1935. Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia (due to polycystic kidneys). | ? |
| Bleeding dysentery (Flexner | 5 months |

Other contributory causes of importance:

| | |
|---|---|
| Polycystic kidneys | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph T. Vadusk, A. M. D.

(Address) Johns Hopkins Hospital

F 16715

...—2-29-28—1 F. S.—500 Bks.

16715

# HEALTH DEPARTMENT—CITY OF BALTIMORE

157-c

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 835 Light ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joan Miller

(a) RESIDENCE NO. 835 Light ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Fem | White | Infant |

If married, widowed, or divorced) HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, and year) Oct 10 1935

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 2 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant 0000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Katherine Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant George Miller

(Address) 835 Light St

Filed 1935 Huntington Williamsport

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Oct 12, 1935, that I last saw h alive on Oct 12, 1935, and that death occurred, on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Croupous

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. O. Mitchell M. D.

10/12 1935 (Address) 1279 Hillsdale Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Hanford ave

DATE OF BURIAL Oct 14 1935

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St

F 16716

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16716

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Edmondson Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Mae Stephens

(a) Residence: No. 5004 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Edw. J. Stephens

DATE OF BIRTH (month, day, year): Jan 18 1870

AGE: Years 65 Months 8 Days 27

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME OF FATHER: Edw. J. Dempsey

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Jane McCormick

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Wm H Stephens

(Address) 5004 Edmondson Ave

BURIAL, CREMATION OR REMOVAL

Place: Catholic Cem Date: 10/17, 1935

UNDERTAKER: Jos. A. Fahey

(Address) Fulton & Fayette

FILED: Huntington Pittsburgh Pa

OCT 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from August, 1932 to Oct. 11, 1935

I last saw h. alive on Oct. 8, 1935 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | 3 yrs |
| | 4 yr |

Other contributory causes of importance:

Was an operation performed? Yes Date of 1932

For what disease or injury? Carcinoma of Uterus

Name of operation Hysterectomy Date of 1932

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R E Dixon M. D.

(Address) 516 Cathedral St

F 16717

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Catan Av 70 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 41 yrs. mos. ds.

2. FULL NAME Mary C. Gaskin

(a) Residence: No. 2637 Dulaney St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F Gaskin

DATE OF BIRTH (month, day, year) May 30 1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 1 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

13. NAME of Father Richard McGrath

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME of Mother Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Eleanor Gaskin

(Address) 2623 Belleau Ave

18. BURIAL, CREMATION, OR REMOVAL Catonsville Cem Date 10/15/35

19. UNDERTAKER Geo C Farley

(Address) Edelson Hayfields

20. FILED Huntington Ave 10/15/35

41935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1935, to Oct. 12, 1935

I last saw h.er alive on Oct 12, 1935 Death is said to have occurred on the date stated above, at 6 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus, | 1934? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arterio Sclerotic heart disease with congestive failure

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis B Whiting M. D.

(Address) Saint Agnes Hospital

F 16718

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16718 ✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Poppleton St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Butterworth

(a) Residence: No. 109 S. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Julia S. Butterworth

6. DATE OF BIRTH (month, day, year) Nov 25th 1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 10 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hippodrome Theatre

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 12

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Anton Butterworth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Eckert

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Julia S. Butterworth

(Address) 109 S. Poppleton St

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 16th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Williamson

41935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27 1935 to October 12 1935

I last saw him alive on October 12 1935 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis, Chronic Interstitial | Not known |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | " |
| Myocarditis | " |

Was an operation performed? None Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Hoffman M.D. M. D.

(Address) 8 East Read St.

D. F 1263 F 16719

F 16719

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH CHURCH HOME & INFIRMARY. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Broadway & Fairmount St., Ward 6)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANNA FRANCES BOGGS.

(a) Residence: No. CHURCH HOME St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | SINGLE. |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1846.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 89 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) SOMERSET COUNTY, MD.

13. NAME SAMUEL S. BOGGS.

14. BIRTHPLACE (city or town) (State or country) SOMERSET COUNTY, Md.

15. MAIDEN NAME SARAH ANN BINKLEY.

16. BIRTHPLACE (city or town) (State or country) SOMERSET COUNTY, Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 15 1935

UNDERTAKER Henry H. Sanders & Son
(Address) Orchard & Forrest Sts

FILED ..... 19 ..... Registrar

0130

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCTOBER 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from SEPTEMBER 9, 1935, to OCTOBER 12, 1935.

I last saw HER alive on OCTOBER 12, 1935. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| HEART FAILURE | |
| (RHEUMATIC HEART DISEASE WITH FIBRILLATION), | |

Other contributory causes of importance:

| | |
|---|---|
| PULMONARY EDEMA | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home & Infirmary

F 16720

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16720

## CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 St. Paul St. St., 11 Ward)

Length of residence in city or town where death occurred 85 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Maslin

(a) Residence: No. 1304 St. Paul St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James M. Maslin

7. DATE OF BIRTH (month, day, year) March 12, 1850

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 85 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Benjamin F. Newcomer

14. BIRTHPLACE (city or town) (State or country) Beaver Creek Maryland

15. MAIDEN NAME Amelia Ellen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Robert S. Maslin

(Address) 2 Elmhurst Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 14, 1935

19. UNDERTAKER Henry A. Jenkins Sons Co

(Address) Calhoun and Eutaw Sts

20. FILED 1935 Huntington Ave. Station

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Oct 12, 1935

I last saw her alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 12-35

Other contributory causes of importance:

Arterio sclerosis

Hypertension

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. A. Chatard, M. D.

(Address) 1124 N. Calvert St

F 16721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16721

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH His Residence 216 E. Biddle St. Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 216 E. Biddle St., 11 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Basil Hopkins Snowden

(a) Residence: No. 216 E. Biddle St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bedford Wilkins

DATE OF BIRTH (month, day, year) Jan. 14th. 1863

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 8 | 30 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired: Insurance Banker active

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2½ yrs.

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Snowden Hall Prince George Co. Md.

13. NAME Sue Snowden

14. BIRTHPLACE (city or town) (State or country) Birmingham Ingram Co. Ireland

15. MAIDEN NAME Sarah Eugenia Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Basil H. Snowden

(Address) 216 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Cemetery Date Oct. 15th 1935

UNDERTAKER H. W. Jenkins & Son. Co.

(Address) Calvert & McCulloh

FILED OCT 14 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1935, to Oct. 12th, 1935

I last saw him alive on Oct 12th, 1935. Death is said to have occurred on the date stated above, at 10 45 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset June 1935

Myocardial Insufficiency — June 1935

Other contributory causes of importance:

Coronary Sclerosis — Oct 9 35

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Gladstone M. D.

(Address) 100 E. Calvert St.

B 16722 F 16722

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV/70

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily H. Symington If U. S. Veteran specify WAR .....

(a) Residence: No. Gatewood Ave St., ..... Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of W. Stuart Symington

DATE OF BIRTH (month, day, year) Sept 30 9/30/72

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 0 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Harrison

14. BIRTHPLACE (city or town) (State or country) Va —

15. MAIDEN NAME Louise Haskell

16. BIRTHPLACE (city or town) (State or country) Va —

INFORMANT Friends —
(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL Forest Park
Place St. Thomas Garrison Date Oct 1935

UNDERTAKER Henry W. Jenkins Sons Co
(Address) 1 E. Eutaw St. Baltimore Md

FILED [illegible] Registrar.

147935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1935, to Oct-12, 1935

I last saw her alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary infarction & cardiac failure — following excectomy for ulceration. | one |
| Other contributory causes of importance: Generally debilitated condition over period of 3 years. Yes | |
| Was an operation performed? Date of 9/28/35 | |
| For what disease or injury? Ulceration of ileum | |
| Name of operation Resection of ileum Date of 9/28/35 | |
| What test confirmed diagnosis? Was there an autopsy? yes | |

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl P. Schlicht M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 16723

F 16723 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2831 Mayfield Av St., 9 Ward)

Length of residence in city or town where death occurred 4 yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stein, Charles H

(a) Residence: No. 2831 Mayfield Av St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Stein

6. DATE OF BIRTH (month, day, year) Sept 21-1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | - | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired mill a.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Stein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul Emory Neubauer

(Address) 2831 Mayfield Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 15 1935

19. UNDERTAKER C. J. Wisbert & Son

(Address) 1300 Eutaw Place

FILED OCT 14 1935 Huntington Pennsylvania, M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-30- , 1935 to 10-12- , 1935

I last saw him alive on 10-12- , 1935. Death is said to have occurred on the date stated above, at 5:23 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 9-30-35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance; Senile Dementia | 1930 |
| | |
| | |

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Milton C. Lang M. D.

(Address) 2114 Belair Road

F 16724

F 16724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Reinhardt.

If U. S. Veteran specify WAR

(a) Residence: No. 119 S Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

7. DATE OF BIRTH (month, day, year) 8/8/1857.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 2 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groceryman 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughter. Emma Baum

(Address) 119 S. Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 13 1935

19. UNDERTAKER A. Howard Evans

(Address) 1400 E. Lombard St.

20. FILED 4 1935 Huntington Phillips Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/7, 1935 to 10/12, 1935

I last saw him alive on 10/12, 1935 Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 6 days |
| Carcinoma of prostate. | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert L. Carter, M. D.

(Address) Balto City Hosp

D. B. 1268-9

2632 Harlem Ave

6725 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16725

## CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2632 Harlem St., 16 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter C. Tschudy

(a) Residence: No. 2632 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence G. Tschudy

DATE OF BIRTH (month, day, year) 2-23-1871

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Victor Tschudy

14. BIRTHPLACE (city or town) (State or country) Paris

15. MAIDEN NAME OF MOTHER Harriet L. Bertrand

16. BIRTHPLACE (city or town) (State or country) Lorrain

INFORMANT Mrs. Tschudy
(Address) 2632 Harlem

BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 10/15 1935

UNDERTAKER J. F. McCally
(Address) 130 E Fayette

FILED OCT 14 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1935 to Oct 12, 1935 last saw him alive on Oct 11, 1935 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Asthenia | 10/12/35 |
| Other contributory causes of importance: Cancer of liver. | 1934 |

Name of operation — Date of

What test confirmed diagnosis Viewed. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Kurkamp M. D.

(Address) 16 Rundell Pl

16726 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16726

## CERTIFICATE OF DEATH

54-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3222 Dudley Ave 26 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Vogel.

(a) Residence: No. 3222 Dudley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4 - 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | 1 | 67 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Vogel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Barbara Willner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Barbara Vogel.

(Address) 3222 Dudley Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Oct 14. 1935

UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St

FILED 1935 Registrar.

OCT 14 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1935 to Oct. 11 1935

I last saw her alive on Oct. 10, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Uterine tumor—non Malignant—Hysterectomy — Date of onset

Other contributory causes of importance:

Embolism

Was an operation performed? yes Date of Sept. 11 1935

For what disease or injury? Uterine Tumor

Name of operation Hysterectomy Date of Sept 11 35

What test confirmed diagnosis? Cessation of Pulse Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter A. Anderson M. D.

(Address) 3001 Shannon Drive

LaCo. 5-11 250B

16727 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16727

## CERTIFICATE OF DEATH

107 a

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 162 W Hamburg St., 23 Ward)

ngth of residence in city or town where death occurred 7 yrs. 7 mos. 19 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Scott

(a) Residence: No. 162 W Hamburg St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 23 1935

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | 7 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Scott

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Emilie Wilson

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Joseph Scott
(Address) 162 W Hamburg

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/14/ 1935

UNDERTAKER Isaiah E Brown & Son
(Address) 108 W Montgomery St

1935 Huntington Frankenberg, M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1, 1935, to Oct - 12, 1935

I last saw h[illegible] alive on Oct 12, 1935 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | |
| Pneumonia | |
| Primary | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) Dan Frankenberg, M. D.

(Address) 162 W Lee

F 16728

16728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Menlo Dr St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Mary Anna Stoddard

(a) Residence: No. 3502 Menlo Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J Stoddard

DATE OF BIRTH (month, day, year) Jan 27 1845

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 90 | 8 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas S Everett

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Mary Reese

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Mary E Good

(Address) 3502 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 14 1935

19. UNDERTAKER Wm J Tuffner & Son

(Address) Funeral Parlors Huntington Pikesville, Md.

OCT 14 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 10/10/35. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ia Stomach Hypo Stasis Stomach | 10/6/35 |
| | |
| | |
| | |

Other contributory causes of importance:

Ib Myocarditis,

Ic Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signature Abel Wolman M. D.

(Address) 5148 Park Heights Ave

F 16729

16729

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 So Calhoun St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry F. Sanders

(a) Residence: No. 235 S. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Sanders

DATE OF BIRTH (month, day, year) Nov. 20 1866

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 6 10 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

13. NAME John Sanders.

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Mary Desmond

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Emma Sanders

(Address) 235 So Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster Pa. Date Oct 16 1935

19. UNDERTAKER Wm J Ecker & Sons

(Address) North & Harrison Sts

Huntington Pennsylvania

OCT 14 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1935 to Oct 12th 1935

I last saw h wife alive on Oct 12th 1935. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonic Tuberculosis of the Lungs | 1933 |
| (Coma) | |
| Other contributory causes of importance: Chronic Myocarditis | 6/1934 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wm J Swisher M. D.

(Address) 1701 N Fulton Ave

D. B. 1268-9

101 - N. 39th
to Bulgut

6730 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** 82-aF 16730

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Ruskin Ave St., 13 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret Elizabeth Bley

(a) Residence: No. 2215 Ruskin Ave St., ....Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced
HUSBAND of (or) WIFE of August Bley

DATE OF BIRTH (month, day, year) Feb 7th 1865

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 70 | 8 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Klein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Doeller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Margaret E. Bley
(Address) 2215 Ruskin Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 16th, 1935

UNDERTAKER Geo. Weber & Son
(Address) 2523 Edmondson Ave.
Huntington Postmaster, Md.

FILED OCT 14 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1929 to Oct 12, 1935
I last saw her alive on Oct 12, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | 1925 |
| Cerebral Hemorrhage | 10/10/35 |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Howard M. Bulgut, M. D.

(Address) Med. Arts Bldg

F 16731

H. D. B 1268-9

F 16731 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 118

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard J. Wall

(a) Residence: No. 715 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) August 3, 1924.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 1 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Richard Wall

14. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

15. MAIDEN NAME Julia Dunn

16. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

17. INFORMANT Richard Wall

(Address) 715 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 14 1931

19. UNDERTAKER [illegible]

(Address) 25-27 W. Eager St. Baltimore, Md.

20. FILED Oct 15 1931 Registrar.

4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Gastritis | |

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1916 N. Eutaw

8732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16732

## CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pauline Cuvale

(a) Residence: No. 723 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Cuvale

6. DATE OF BIRTH (month, day, year) Apr 2 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 6 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Georgia

13. NAME Father ? Dawson

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Sally ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Balto City Hospt
(Address) Record

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/14/35

19. UNDERTAKER Wm Cook
(Address) 1219 E Lond St

20. FILED [illegible] 19 35 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-35

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1935 to 10-11, 1935

I last saw her alive on 10-11, 1935 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of left Breast | ? |
| Carcinomatosis ? Secondary anemia ? | |

Other contributory causes of importance:

Was an operation performed? Yes Date of ?

For what disease or injury? Carcinoma left Breast Date of

Name of operation Mastectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt

F 16733

D. B. 1268-9

F 16733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Eva Ruth Nugent

(a) Residence: No. R. F. D. Sykesville, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

3. If married, widowed, or divorced
HUSBAND (or) WIFE of Stanley Nugens

DATE OF BIRTH (month, day, year) June 6, 1922

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 22 | 4 | 20 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Keener Costley

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Eva Hammond

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Stanley Nugent
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Date Oct 15 1935

19. UNDERTAKER C. M. Galt
(Address) Sykesville Md

20. FILED ... Huntington Williams, M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Jaguen thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Autopsy & Original (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Spontaneous Rupture of Esophagus | |
| Acute Septicemia | |

Other contributory causes of importance:

Pregnancy (4½ weeks)

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. K. Oden M. D.
Coroner

(Address) 727 W. Lexington

16734

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16734

## CERTIFICATE OF DEATH

45-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Rosedale St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Richard McClure

If U. S. Veteran specify WAR

(a) Residence: No. 2314 Rosedale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E. Heath

6. DATE OF BIRTH (month, day, year) April 21, 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial traveler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bradley Knitting Co., Wisconsin

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 7 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis R. McClure

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lydia Howser

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Louis R. McClure

(Address) 2314 Rosedale St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 14 '35

UNDERTAKER John [illegible] & Sons

(Address) 19[illegible]

FILED 14 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1935 to Oct 11 1935

I last saw him alive on Oct 12 1935 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Tongue | 1 1/2 yrs |
| Other contributory causes of importance: Malignant Cachexia | ✓ |

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Path. Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Edward A. Fraser M. D.

(Address) 1219 Poplar Grove St.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16735

Registered No.

. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. St., 15 Ward)

ngth of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

. FULL NAME Addie Parker

(a) Residence: No. 1504 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of George Parker

DATE OF BIRTH (month, day, year) 8/25/87

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 47 | 48 | 11 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Johan Wessels

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Chapman

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, REMOVAL, Cemetery

Place [redacted] Date Sept 16th, 1935

UNDERTAKER Archibald C. Gudas

(Address) 2611 Pennsylvania Ave.

OCT 14 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935 to Oct-12, 1935

I last saw her alive on Oct-12, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic endocarditis? | 1931? |
| Hypertension | |
| Myocardial failure | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edw. D. Brodbeck, M. D.

(Address) The Johns Hopkins Hospital

16736 F 16736

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin L. Blauch

If U. S. Veteran specify WAR ...

(a) Residence: No. 4110 Eireman Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

7. DATE OF BIRTH (month, day, year) July 25, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | 2 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Martin Blauch

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Anna Buretch

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Martin Blauch

(Address) 4110 Eireman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 14, 1935

19. UNDERTAKER Frank Lynch & Son

(Address) 1906 Ashland Ave.

20. FILED Oct 15 1935 Huntington Pittsburgh

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1718 E. Northern.

16737

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16737

## CERTIFICATE OF DEATH

122-a Registered No.

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Mrs Bridget Gray

(a) Residence: No. 925 De Sale (2D) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

DATE OF BIRTH (month, day, year) Feb 2 1875

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 8 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Knight

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas F. Gray
(Address) 925 De Sale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 15 1935

19. UNDERTAKER Martin Baker & Sons
(Address) 1827 N. North Ave.

20. FILED OCT 14 1935 Huntington Millington

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to October 12 1935

I last saw her alive on October 12 1935 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension & arteriosclerosis | |
| & Hypertensive & arteriosclerotic | |
| Heart disease | ? |
| Renal insufficiency (moderate) | ? |
| Cerebral hemorrhage | 10/35 |
| Other contributory causes of importance: | |
| Degenerative neurocirculatory | ? |
| Ventral hernia | 1919 |

Name of operation Sewed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon Kemp. M. D.

(Address) St Agnes Hosp.

F 16738

6738 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Richard Elkins
(a) Residence: No. 2805 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed. |

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 8/10/1859.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 2 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pensioner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME ? ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Daughter.
(Address)

BURIAL, CREMATION, OR REMOVAL Parkwood Date Oct 14, 1935

UNDERTAKER E. Kenworthy Son
(Address) 3615-17 Eastern Ave.

FILED OCT 14 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/1935

22. I HEREBY CERTIFY, That I attended deceased from 9/3/1935 to 10/12/1935
I last saw him alive on 10/12/1935 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Potts M. D.
(Address) Balto City Hosp.

H. D. B. 1268-9

6739

✓ F 16739

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius L. Link

(a) Residence: No. 1814 North Caroline St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced WIFE of Florence Link

DATE OF BIRTH (month, day, year) Unknown.

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer. 40+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT James H. Kelley.

(Address) Kingston Road Middle River

BURIAL, CREMATION, OR REMOVAL

Name Mary's Hampden Date Oct 16, 1935

UNDERTAKER Chenowe & Son.

(Address) 3615-17 Eastern Ave.

FILED Harrington for Commissioner

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1935 to October 13, 1935.

I last saw him alive on October 13, 1935. Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypertension | |
| 2. Apoplexy | 10-11-35 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 16740

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16740

95-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen. Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24 (Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 0 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ~~Robertson~~ LeRoy Robertson

(a) Residence: No. 1003 Light St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced, HUSBAND of (or ~~WIFE~~ of) Goldie Robertson

DATE OF BIRTH (month, day, year) Oct 1 1905

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | — | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stage Builder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Dry Dock Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brandywine Md

13. NAME Richard B Robertson

14. BIRTHPLACE (city or town) (State or country) Brandywine Maryland

15. MAIDEN NAME Louise R Cornick

16. BIRTHPLACE (city or town) (State or country) Aquasco Maryland

17. INFORMANT Mr Richard B Robertson
(Address) Brandywine Md

18. BURIAL, CREMATION, OR REMOVAL Broad Creek Church Cem Date Oct 15 1935
Place Broad Creek Md Prince George Co Md

19. UNDERTAKER John F Penny
(Address) 715 Light St

Filed Oct 16 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1935, to October 13, 1935

I last saw him alive on October 13, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension Cardio Vascular disease | |
| Uremia | 10/7 |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) William D. Wolfe, M. D.
(Address) South Baltimore Hospital.

F 16741

H. D. B 1268-9

16741 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Fearce St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Margaret Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 615 Fearce St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Married |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Johnson

DATE OF BIRTH (month, day, year) March 15 1892

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 43 | 7 | 28 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME of Father Tyler St. Mary's Co. Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother Lucy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Estelle Black, dr.

(Address) 615 Fearce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/15 1935

19. UNDERTAKER Wm A Jackson

(Address) 46 E Pennsa Ave

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12-15-35

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation none Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) C Starr Coroner, M. D.

(Address) 1215 Hanover

6742 ✓ F 16742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Brehms Lane St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Dashiells

(a) Residence: No. 3605 Brehms Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Dashiells Sr

6. DATE OF BIRTH (month, day, year) Aug. 26-1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 1 | 17 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME August Schultz

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)

INFORMANT George H. Dashiells

(Address) 3605 Brehms Lane

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Oct. 15, 1935

UNDERTAKER George W. Zeigler

(Address) 1737 E Eager St.

4 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1935

22. I HEREBY CERTIFY—That I attended deceased from Oct 2 - 35, 19..., to Oct. 13 - 35

I last saw her alive on Oct 13 - 35, 19... Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | 6 mos |
| Other contributory causes of importance: | |
| Cortis - Renal Disease | 1 yr. |

Was an operation performed? Yes Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles S Greer, M. D.

10/14/35 (Address) 4 W Lanvale & Park Park Ave

F 16743 ✓ F 16743

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward).

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Morrow

(a) Residence: No. 1309 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Morrow

DATE OF BIRTH (month, day, year) 1874

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water department

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

13. NAME Wm G. Morrow

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary A. Lavery

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) 1309 Linden Ave James Morrow (son)

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Oct 16th 1935

UNDERTAKER (Address) Chas. E. Sauerwald & Son 118 N. Eutaw and Lex

FILED ... 1935 ... Registrar.

OCT 4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935 to October 13, 1935

I last saw him alive on October 12, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral insufficiency | |
| Chronic Nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Psychosis with cardio renal disease | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) C. A. Heymeez, M. D.

(Address) ...

Spec.–7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16744

F 16744

## CERTIFICATE OF DEATH

23

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Charles Ray Durbin

(a) RESIDENCE NO. 3504 Powhatan ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| male | White | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia D. Durbin

6 DATE OF BIRTH (month, day, and year) Sept 28 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 36 | — | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) Bottle factory

(c) Name of employer Coleman

9 BIRTHPLACE (city or town)

(State or country) West Virginia

PARENTS

10 NAME OF FATHER Charles R. Durbin

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country) West Virginia

12 MAIDEN NAME OF MOTHER Mary McGraw

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country) West Virginia

14 Informant Mrs Anna L. Durbin

(Address) 3069 Creamery Lane, Huntington Station, N.Y.

15 Filed 19

14 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

October 12, 1935.

17 I HEREBY CERTIFY, That I attended deceased from August 30, 1935 to Oct. 12, 1935;

that I last saw him alive on Oct. 12, 1935;

and that death occurred, on the date stated above, at 12 30 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs.

(duration) 3 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Amyloid disease of Kidneys.

(duration) 1 yrs. mos. da.

18 Where was disease contracted ?

if not at place of death?

Did an operation precede death? yes Date of Sept. 7, 1935.

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy.

(Signed) Robert H. Ivy, M. D.

10/12 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

Date of Burial 10/15 1935

20 UNDERTAKER Edward F. Lahey & Sons

ADDRESS 1318 Eutaw St.

VF 16745

16745

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH Cambridge State Hosp
CITY OF BALTIMORE: (No. Cambridge St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Milligan
If U. S. Veteran specify WAR

(a) Residence: No. Charles 34 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. Color or Race W
5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Milligan

6. DATE OF BIRTH (month, day, year) 3/9/65

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 7 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursing
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. State Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) Md. U.S.
13. NAME Maurice Millican
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mary Doyle
16. BIRTHPLACE (city or town) (State or country) Md.
INFORMANT Harry C. Milligan
(Address) 34 Charles St
BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/16 1935
UNDERTAKER J. Bayard Lowe
(Address) 3718 Eastern Ave
Huntington Palisades, N.J.
1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1935, to Oct 14th 1935
I last saw her alive on Oct 14th 1935. Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | Sept 5 1935 |
| Angina Pectoris | Sept 1935 |

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? — Date of —
For what disease or injury?
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) J. A. Gladard, M. D.
(Address) 800 E. Cold St.

F 16746

6746 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

108

Registered No. 15 167

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR W.W.

2. FULL NAME Richard J. Byrne

(a) Residence: No. 3100 Presstman St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Purcell Byrne

DATE OF BIRTH (month, day, year): June 12, 1897

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 4 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0029

10. Date deceased last worked at this occupation (month and year): 10-7-35

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Midland, Md.

13. NAME: Thomas J. Byrne

14. BIRTHPLACE (city or town) (State or country): Kilmacue Co. Ireland

15. MAIDEN NAME: Bessie Matze

16. BIRTHPLACE (city or town) (State or country): Kilmacue Co. Ireland

INFORMANT (Address): Records, U.S. Marine Hospital Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL: Date 10/14 1935

UNDERTAKER (Address): 1217 E. Fayette St

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1935 to October 14, 1935

I last saw him alive on October 14, 1935. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Bilateral, lower lobes | 10-7 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. H. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto.

D. B. 1268-9

✓ F 16747

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16747

## CERTIFICATE OF DEATH

46-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyon Memorial Hospital St., Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Crystof Rembis

(a) Residence: No. 236 S. Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Cecilia Rembis

DATE OF BIRTH (month, day, year) Jan 15 1894

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 5 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horn and Horn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria Poland

13. NAME John Rembis

14. BIRTHPLACE (city or town) (State or country) Austria Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria Poland

INFORMANT Mrs Cecilia Rembis

(Address) 236 S. Ann St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 17, 1935

UNDERTAKER John M Weber

(Address) 451 S. Huntington Ave

FILED ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Oct 13 1935

I last saw h[illegible] alive on Oct 13 1935 Death is said to have occurred on the date stated above, at 4:19 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach | 3 mos |
| Other contributory causes of importance: | |
| Bronchopneumonia | 2 days |

Name of operation Resection of stomach Date of Oct 8 35

What test confirmed diagnosis? Clinical findings & Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Frederick Lutz, M. D.

(Address) Temple Ender Apts

F 16748

6748

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Tomaszewski

(a) Residence: No. 1016 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Stanley

DATE OF BIRTH (month, day, year): 5/25/1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 5 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Poland.

13. NAME: Jacob Prus

14. BIRTHPLACE (city or town) (State or country): Poland.

15. MAIDEN NAME: Marie Wadowiak

16. BIRTHPLACE (city or town) (State or country): Poland.

INFORMANT: Kind.
(Address)

BURIAL, CREMATION, OR REMOVAL: Dem Oct. 16 1935

PLACE: St. Stanislaus Date

UNDERTAKER: Anthony J. Fathowski & Co.
(Address) 1000 E. Fairmount Ave.

FILED: 4 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/11/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/9/1935 to 10/11/1935

I last saw her alive on 10/11/1935 Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 4 days. |
| Cerebral hemorrhage | 12 hr. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hospo

6749 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16749

# CERTIFICATE OF DEATH

52

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608-E. Monument Street, 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH GRACEY

(a) Residence: No. 1608-E. Monument Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Gracey

DATE OF BIRTH (month, day, year) 10/20/1862

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 11 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Ebele

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Mira

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Anna Gracey

(Address) 1608-E. Monument Street

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/15/35

UNDERTAKER George W. Boyd & Son, Inc.

(Address) 1730 Park Ave.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to Oct 10, 1935

I last saw her alive on Oct 10 9 a.m. 35 Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma Right Forearm (Skin) | 2 Yrs |
| Other contributory causes of importance: Metastasis to Stomach and Liver | 3 Mos |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Boos, M. D.

(Address) 413 N. Washington

F 16750

6750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 10

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME MINNIE CAMMARITA
(a) Residence: No. 506 E. EAGER St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 24 1927

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. ..... min. |
|---|---|---|---|---|
| | 8 | 1 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Tony Cammarita
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Rose Famico
16. BIRTHPLACE (city or town) (State or country) Italy
INFORMANT (Address) Parents 506 E. Eager St
BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Oct. 15 1935
UNDERTAKER George J. Ruth Sons
(Address) [illegible] Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Oct 13 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1935 to Oct 13 1935
I last saw her alive on Oct 13 1935 Death is said to have occurred on the date stated above, at 10:45 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria | 10-7-35 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation None Date of .....
What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Francis D Schwentker, M. D.
(Address) Sydenham Hospital

pr.—12-9-25—A Co.—200 Bks.

6751

F 16751

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

210-M

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto Gen'l Hosp't St. 16 Ward)

2-FULL NAME George Dietrich Kammer

(a) RESIDENCE NO. 2910 Winchester St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna O. Kammer

DATE OF BIRTH (month, day, and year): January-11-1896

AGE: Years 39 | Months 9 | Days 1 | IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman Right of Way

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance

(c) Name of employer: Peoples Life of Maryland

BIRTHPLACE (city or town)

(State or country): Balto Md.

10 NAME OF FATHER: Philip Kammer

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Hollie ???

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

Informant: Mrs Edna O Kammer wife

(Address): 2910 Winchester Ave.

4 1935 19 Huntington Indiana, U.S.A.

Registrar

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull

Struck by Automobile (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Crossing Road Suddenly

(duration) yrs. mos. ds.

Harry S. Clement M. D.

(Coroner)

, 19 (Address) 807 W Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial: Oct 15 1935

20 UNDERTAKER: Stewart Hearse Co ADDRESS: 1058 W North Ave

F. D. B 1268-9

✓ F 16752

6752 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 117-a

**CERTIFICATE OF DEATH**

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital Ward) Wilkens & Caton Aves

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Walter Flock

(a) Residence: No. Stevens Ave. Arbutus Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Flock

DATE OF BIRTH (month, day, year) March 17, 1900

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35. | 6 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year) 10/5/35 11. Total time (years) spent in this occupation 11 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Theles Flock

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Fannie Mckinnon

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Katherine Flock

Stevens Ave Arbutus

BURIAL, CREMATION, OR REMOVAL

PERMIT Loudon Park Cem. Date Oct. 16 1935

UNDERTAKER Easton Son

(Address) Essex City

FILED Oct 19 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1935 to Oct. 13 1935

I last saw him alive on Oct 13 1935. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Gastric Ulcer | 10/8/35 |
| Peritonitis | 10/12/35 |

Other contributory causes of importance:

Name of operation Exploratory Date of 8/19/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. D. Llewelyn M. D.

(Address) St. Agnes Hospital.

D. B. 3268-9

6753

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16753

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Benzinger

(a) Residence: No. Rolling Rd St., Ward Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 21 - 1897

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 ~~38~~ | 10 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 10/3/35

11. Total time (Years) spent in this occupation

BIRTHPLACE (city or town) Woodstock
(State or country) Maryland

13. NAME Edward A. Benzinger

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Gertrude Cleary

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Hosp Records

(Address)

BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date Oct 15 1935

UNDERTAKER Easton Sons

1935 Catonsville Md

FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1935 to Oct 13 1935

I last saw him alive on Oct 13 1935. Death is said to have occurred on the date stated above, at 12 ½ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 7/35 ? |
| Starvation | 10/35 ? |
| Other contributory causes of Importance: | |
| Cachexia | 10/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Symon A Kemp, M. D.

(Address) St Agnes Hosp.

F 16754

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16754 — 92-a

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leamon Campbell — If U. S. Veteran specify WAR

(a) Residence: No. 1631 N. Gilmor St., Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | Single |

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/22/15

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Cleaning shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Frederick Campbell

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lula Brown

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 14th, 1935

UNDERTAKER Archibald A. Geddis

(Address) 2101 McCulloh St.

4 1935

Filed Oct 16 1935 — Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1935 to Oct-12, 1935

I last saw him alive on Oct-12, 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac failure | 8-?-35 |
| Rheumatic carditis | 6-?-35 |
| Mitral insufficiency | 6-?-35 |
| Aortic insufficiency | 6-?-35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. B. Grossman, M. D.

(Address) The Johns Hopkins Hospital

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16755

6755

## CERTIFICATE OF DEATH

49-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Isabell Mullikin

(a) RESIDENCE NO. 334 E. Lafayette ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Married |

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thos H Mullikin

6 DATE OF BIRTH (month, day, and year) June 26-1857

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 63 | 3 | 18 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wm E. Croggan

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Isabella Cassell

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Thos H. Mullikin

(Address) 334 E. Lafayette Ave

15 Filed 19 Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-14 1935

17 I HEREBY CERTIFY, That I attended deceased from 9/10/31 to 10/14 1935

that I last saw her alive on 10/13 1935

and that death occurred, on the date stated above, at 4 A M

The CAUSE OF DEATH* was as follows:

Carcinoma Ovarii - ? generalized carcinomatosis

(duration) 4 yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Pleurisy ? effusion

(duration) ½ (approximately) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-29-31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robert H. Lewis M. D.

10/14/35 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Oct 16 1935

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

F 16756

6756 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ) If of foreign birth? yrs. mos. ds.

ngth of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S. If U. S. Veteran specify WAR

2. FULL NAME Kelly M. Jacobs

(a) Residence: No. 1305 Calvin Ave. Nashville, Tenn. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 15, 1903

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 31 | 9 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-25-33

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Nashville, Tenn

13. NAME William Jacobs

14. BIRTHPLACE (city or town) (State or country) Murfreesburg Tenn.

15. MAIDEN NAME Charlie May Kelly

16. BIRTHPLACE (city or town) (State or country) Rucker Tenn.

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL Place Murfreesboro Tenn Date 10/15 1935

UNDERTAKER William Cook
(Address) 1217 St Paul St

Filed 19 Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933 to October 14, 1935

I last saw him alive on October 14, 1935. Death is said to have occurred on the date stated above, at 12:15 a m.

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| Tuberculosis, pulmonary, chronic, active | 3-33 |
| Other contributory causes of importance: | |
| Laryngitis, tuberculous, chronic | 7-35 |

Was an operation performed? Yes Date of 12-16-33

For what disease or injury? Pulmonary tuberculosis

Name of operation Phrenic exeresis Date of 12-16-3

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. B. H. Andrews M. D.

(Address) U.S. Marine Hospital, Balto. Md.

✓ F 16757

5757 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. East ave St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Sarah E. Chlouer

(a) Residence: No. 610 N East Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Chlouer

DATE OF BIRTH (month, day, year) Feb. 2 - 1852

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | 8 | 12 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Home work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Ferdinand Nalle Trappe

11. BIRTHPLACE (city or town) (State or country) Md

12. MAIDEN NAME M. Webb

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT Joseph Chlouer

(Address) 610 N East ave

15. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 17 1935

16. UNDERTAKER John E. Miller

(Address) 2435 E. Eager st

Oct 4 1935

(Date) ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 - 1935 to Oct. 14 1935

I last saw h— alive on Oct 13 - 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 1 wk |
| | |
| Senility | 1 yr |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? Phys. sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Green M. D.

10/14/35 (Address) 4085 Park Park ave

F 16758 ✓ F 16758

# HEALTH DEPARTMENT—CITY OF BALTIMORE

X 152

## CERTIFICATE OF DEATH

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

. FULL NAME Mary Elizabeth Pettit If U. S. Veteran specify WAR

(a) Residence: No. Laurel Maryland Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Emmett Lindsay Pettit

DATE OF BIRTH (month, day, year) May 9, 1861

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 years | 5 months | 5 days | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 5 days ago

11. Total time (years) spent in this occupation 55 years.

BIRTHPLACE (city or town) (State or country) Pocomoke City Maryland

13. NAME Henry B. Henderson

14. BIRTHPLACE (city or town) (State or country) Pocomoke City Maryland.

15. MAIDEN NAME Ursula Bannister Forney

16. BIRTHPLACE (city or town) (State or country) Pocomoke City Maryland.

INFORMANT Mrs. Walter Tolbert Graham

(Address) Laurel Maryland.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Md. Date Oct. 16, 1935

UNDERTAKER Elwell Youngblood

(Address) Laurel Md.

OCT 14 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1935, to 10-14, 1935

I last saw h[illegible] alive on 10-14, 1935. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis of neck | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Streptococcus septicemia, Chronic endocarditis

Was an operation performed? Yes Date of 10-14-35

For what disease or injury? Cellulitis of neck

Name of operation Incision & drainage Date of 10-14

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John J. Barnaby M. D.

(Address) Maryland General Hosp

F 16759

H. D. R. 1268-9

F 16759

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 131

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2622 Greenmount Ave St., 17 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sterling W. Coats.

(a) Residence: No. 2622 Greenmount Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary F Coats.

DATE OF BIRTH (month, day, year) Dec. 30, 1856

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 78 | 9 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery merchant

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Johnson Co., N.C.

13. NAME Blackman Coats.

14. BIRTHPLACE (city or town) (State or country) Johnson Co., N.C.

15. MAIDEN NAME Mary Temple

16. BIRTHPLACE (city or town) (State or country) Johnson Co., N.C.

17. INFORMANT Mrs. Mary F. Coats

(Address) 2622 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Date 10/16, 1935

Place Raleigh N.C.

19. UNDERTAKER W. H. Cork

(Address) 1214 St Paul St.

OCT 15 1935, 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935 to Oct. 13, 1935

I last saw him alive on Oct. 13, 1935 Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute cardiac insufficiency | abt Sept 15 1935 |
| Other contributory causes of importance: acute nephritis | abt Sept 15 1935 |

Name of operation none Date of ...

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Geo. L. Kemp M. D.

(Address) 2030 Edmondson Ave

F 16760

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals 27 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Elsie E Woods
If U. S. Veteran specify WAR .....

(a) Residence: No. 4811 Park Hts Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Woods
6. DATE OF BIRTH (month, day, year): Unknown 1910
7. AGE: Years 25 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Wm McNally
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Unknown Schaefer
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Geo Woods (husband)
(Address) 4811 Park Hgts

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/17, 1935

19. UNDERTAKER: Mathews & Son
(Address) 1217 E Oad St

20. FILED ... 19... Registrar. Elington Williams

5 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Wright M. D.
Coroner
(Address) 1010 S. Elwood Ave.

D. B. F 16761 F 16761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 45-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. N. Broadway St., 8 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. William Caldwell

(a) Residence: No. 2238 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced WIFE (or HUSBAND) of Myrtle Caldwell

6. DATE OF BIRTH (month, day, year) Feb. 10, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 8 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Caldwell

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William F. Caldwell

(Address) Unknown

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 17th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Oct 15 1935 Huntington Pittsburgh, Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1935 to Oct. 13, 1935

I last saw him alive on Oct. 13, 1935. Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of tongue | 1933. |
| Other contributory causes of importance: Pneumonia, Bilateral | 2 Days |

Name of operation None (Radium) Date of Treated

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carlton M. Adams, M. D.

(Address) Church Home & Inf.

F 16762 F 16762

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 224 S. Franklintown Rd 20 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie M. Metzler

If U. S. Veteran specify WAR

(a) Residence: No. 224 S. Franklintown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed or divorced (HUSBAND of) (or) WIFE of George Metzler

6. DATE OF BIRTH (month, day, year) June 3rd 92

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 4 | 10 | 11 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Chas Rodiger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Augusta Rodiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Metzler
(Address) 224 S. Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 16th 1935

19. UNDERTAKER Wm Groh & Son
(Address) 1217 E. Lexington St

20. FILED Oct 17 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 Oct 1935

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 14 Oct 1935

I last saw her alive on 14 Oct 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Breast | 1 yr |
| Other contributory causes of importance: Metastasis. | |

Was an operation performed? Yes Date of 1935

For what disease or injury? Removal of Breast

Name of operation Carcinoma Date of

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Z. Bruce Thaler M. D.
(Address) 225 E. Fort Ave

F 16763

F 16763

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 W. 25th St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary K. Malambre

If U. S. Veteran specify WAR .....

(a) Residence: No. 22 W. 25th St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Malambre

6. DATE OF BIRTH (month, day, year) Oct. 7, 1853

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 0 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

13. NAME Archibald Graham

14. BIRTHPLACE (city or town) (State or country) -------- Pennsylvania

15. MAIDEN NAME Hannah Utz

16. BIRTHPLACE (city or town) (State or country) ---------- ----------

17. INFORMANT Mrs. Bertie M. Broadbelt

(Address) 22 W. 25th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 10/16 1935

19. UNDERTAKER Henry L. Meads & Son

(Address) 22 W. Saratoga St.

FILED 15 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30 1934 to Oct 14 1935

I last saw h.. alive on Oct 13 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| Other contributory causes of importance: Cerebral Hemorrhage | 10/12 35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Chas. N. Goodbrow M. D.

(Address) 2923 Eastern Ave

F 16764

F 16764

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-7

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 E. Lexington St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Paul Goldberg

(a) Residence: No. 1214 E. Lexington St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Luba

873

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Finish Print

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Released Int Carney Date 10/16/35

19. UNDERTAKER Jack Leurs Inc

(Address) 1432 E. Balto St

FILED OCT 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to Oct 15, 1935

I last saw him alive on Oct 15, 1935 Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the pancreas | April, 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Israel P. Weranski M. D.

(Address) 1910 W. North Av

F 16765

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16765

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 524 E 39th St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Catherine Kendall Carter
If U. S. Veteran specify WAR ✓

(a) Residence: No. 524 E 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Alfred Joseph Carter

DATE OF BIRTH (month, day, year) April 16-1862

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 5 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) Oct 1935
11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Kendall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Appold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mr Alfred J Carter
(Address) 524 E 39th St

BURIAL, CREMATION, OR REMOVAL Greenmount Cem Date Oct 15 1935

UNDERTAKER H. J. Dickey & Sons
(Address) Northern Ave

FILED OCT 15 1935 ... Livingston ... Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to Oct. 13, 1935
I last saw her alive on Oct. 12, 1935 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | 8-1-35 |
| Other contributory causes of importance | |
| Hypertension | 3-1-35 |

Was an operation performed? No Date of ...
For what disease or injury? —
Name of operation ... Date of ...
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. L. Long M. D.
(Address) 418 Somerset Blvd.

Nelck

F 16766

16766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 White Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

FULL NAME George Nelck.

(a) Residence: No. 3305 White Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Ann E. Hess

DATE OF BIRTH (month, day, year) 6/25-1859

| AGE Years | Months | Days | If LESS than 1 day ..hrs. or ..min. |
|---|---|---|---|
| 76 | 3 | 18 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lineman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Nelck.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ann E. Hess

(Address) 3305 White Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/16, 1935

UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Ave

Huntington Williams, M.D.

Registrar.

OCT 15 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935 to October 13, 1935

I last saw him alive on October 12, 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | Oct. 11 1935 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocarditis | ? |
| Chronic Parenchymatous Nephritis | ? |

Was an operation performed? No Date of

For what disease or injury?

Name of operator Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Jas. W. Montgomery M.D.

(Address) 401 E. 25th Street

O. B. 1268-9 F 16767

F 16767

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Gilmor St., 19 Ward)

Length of residence in city or town where death occurred, 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ernest Smith. World War Veteran.

(a) Residence: No. 528 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Smith

6. DATE OF BIRTH (month, day, year) March 19 1893

| 7. AGE Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|
| 42 | 6 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government Hospital

10. Date deceased last worked at this occupation (month and year) 1931 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry W. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie J Wickly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry W. Smith

(Address) 528 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place National cemetery Date Oct 15 1935

19. UNDERTAKER Thos. E. Kelan

(Address) 1303 Pressman St

20. FILED 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 - 1935 to Oct 11 1935

I last saw him alive on Oct 11 1935. Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Fact |
| Inmate Walter Reed - Worked at | 1931? |
| Tuscaloosa - Alabama | |
| & N. Carolina | |

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. K. Wright M. D.

(Address) 120 Pressman St

F 16768

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16768

122-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Belair Rd. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Kaiser

If U. S. Veteran specify WAR .....

(a) Residence: No. 3221 Belair Rd. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Late Sophia Kaiser

6. DATE OF BIRTH (month, day, year) March 12 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 Yrs. | 7 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (—) also

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr. Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mr. Henry Kaiser

(Address) 3221 Belair Road.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Holy Redeemer Cem. Date 10/16/35 19

UNDERTAKER Henry Adcock & Son Inc.

(Address) 1301 E. Eager St.

OCT 15 1935 Washington Penitentiary Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.-13-1935 19

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1935 to Oct 13, 1935

I last saw ~~him~~ alive on Oct. 11, 1935. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Inguinal Hernia | 10 yrs ago |
| Strangulated | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? Irreducible

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Fecke M. D.

(Address) 936 Monument St

6769) F 16769

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sini Hospt. St., 8 Ward)

gth of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fredric Rebhan

(a) Residence: No. 1131 N. Milton Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| e | white | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Rebhan

ATE OF BIRTH (month, day, year) Jan. 26 1864

| GE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 8 | 15 | |

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

3. NAME George Rebhan

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Barbara Betz

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mary E Rebhan (wife)

(Address) 1131 N Milton Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 14, 1935

NDERTAKER Libby & Zeller Inc

(Address) 1103 Sa Wolfe St.

ILED OCT 15 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia (Primary) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac Failure | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl Schenker, M. D.
Coroner

(Address) 111 E. Northern

D. P. H. 8-9 F 16770 F 16770

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Fredericka Leimbach

(a) Residence: No. 4602 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Mr. Charles Leimbach.

DATE OF BIRTH (month, day, year) April 29, 1892

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 43 | 5 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Frank Wellner

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Caroline Groeling.

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Mr. Chas. P. Leimbach (Husband)
(Address) 4602 Eastern Ave.

BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Oct. 17. 1935

HENRY SANDER & SONS. INC.
UNDERTAKER
(Address) Baltimore & Broadway.

FILED 1935 Huntington Pittsburgh Va

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1935 to Oct. 14, 1935
I last saw her alive on Oct. 14, 1935 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver | June 1934 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Removal of ascitic fluid Date of Oct. 4, 1935

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carlton N. Adams M. D.
(Address) Church Home & Inf.

F 16771

. D. B. 1263-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16771

82-a

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL — St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... BALTIMORE, MD. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Neidhardt — Is not a War Veteran

(a) Residence: No. 5911 Harford Rd St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Anna Neidhardt

7. DATE OF BIRTH (month, day, year) Feb 5th 1878

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 56 | 57 | 8 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cart

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. C. Md.

13. NAME Ludavich J. Neidhardt

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

15. MAIDEN NAME Sophia C. Reuter

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

17. INFORMANT Mrs. Thelma Reynard

(Address) 5407 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Luth. Cem. Date Oct. 16 1935

19. UNDERTAKER Frank Lanahan & Son

(Address) 7401 Belair Rd. Huntington 7111

Registrar.

51935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11 1935 to October 14 1935

I last saw him alive on October 14 1935 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypertension | |
| 2. Cerebral vascular accident (apoplexy) | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 16772 ✓ F 16772

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1632 Clarkson St., 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda ~~Rehn~~ Rehm

(a) Residence: No. 1632 Clarkson St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Widow |

If married, widowed, or divorced WIFE of (or) HUSBAND of Jacob Rehm

DATE OF BIRTH (month, day, year) Jan. 27, 1869

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 8 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at her home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Smallenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Sprueststacke

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Mabel Tappenbrink
(Address) 2700 Eva Ivan ave.

BURIAL, CREMATION, OR REMOVAL.
Place Evergreen Date Oct. 17, 1935

UNDERTAKER Margaret B. Flynn
(Address) 467 N. Hilton St

OCT 15 1935 Funeral Director

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935 to Oct. 13, 1935
I last saw HER alive on Oct. 13, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation Indefinite | |
| Other contributory causes of importance: | |
| Acute Dilatation of Heart | 10/12/35 |

Name of operation. None Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) W. F. Campbell M. D.
10/14/35 (Address) 1644 Hanover St

F 16773 ✓ F 16773

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-7

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 26 Balto. Gen. Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Joyce — If U. S. Veteran specify WAR .....

(a) Residence: No. 1117 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) March 11, 1869

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 6 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. 65 yrs
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Barbara Cunningham

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Dept.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/15, 1935

UNDERTAKER Margaret E. Flynn
(Address) 732 Fairmount Ave

Filed 10/15, 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-24-35, 19.. to 10-3-35, 19..

I last saw h alive on 10-3-35, 19.. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows: Cancer of pancreas. — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-2-35

For what disease or injury? Ca. pancreas.

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis N. Taylor, M. D.

(Address) 26 Balto. Hosp.

5 1935

F 16774

F 16774

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jud. General Hospital St., 7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Bertha Korber

(a) Residence: No. 2423 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced (or) WIFE of John Korber

DATE OF BIRTH (month, day, year) Dec. 19, 1875

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 9 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Anton Kugeler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John G. Korber

(Address) 2423 E. Monument

BURIAL, CREMATION, OR REMOVAL Dale Lawn Date 10-16-35

UNDERTAKER Jos. J. Stewart & Son

(Address) 3001 Eastern Ave

FILED 19

5 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-5-1935, to 10-13 1935

I last saw her alive on 10-13 1935. Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction — Date of onset

Carcinoma sigmoid

Myocardial failure

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-6-35

For what disease or injury? Carcinoma sigmoid

Name of operation colostomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. E. Stephens M. D.

(Address) Md. Gen. Hosp.

16775 F 16775

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

206-M

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sub Balto Gen Hosp St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Andrzej Olufs

(a) Residence: No. 3319 Hollins St. Masonville Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

DATE OF BIRTH (month, day, year) Dec 1891

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 93 | 10 | | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Andzey Olufs

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Withowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Alex Starkurski

(Address) 528 S Baulding

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 16 19 35

19. UNDERTAKER John J Ryda

(Address) 2211 N Edison St

DATE 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 210 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable terminal Hypostatic Pneumonia C/P Septicemia | |

Other contributory causes of importance:

| | |
|---|---|
| Fracture Perforated Duod Multiple lac & ab wall Lft Knee Face | |

Name of operation Exc & Drainage Date of 10/12/35

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/5 , 1935

Where did injury occur? On Key Highway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Date

Manner of injury Collision Motor Car & Auto

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Meyer M. D.
Coroner

(Address) 20 N Charles

F 16776

16776

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 210-M

Registered No.

1. PLACE OF DEATH Provident Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lucy Johnson

(a) Residence: No. Iverson Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Johnson

7. DATE OF BIRTH (month, day, year) 3-31-1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 6 | 11 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ostend Md

13. NAME OF FATHER Wallace Johnson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Rose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julius Johnson (Address) 1 Chicago Ave Iverson Md

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Cem Date 10/15 1935

19. UNDERTAKER Thomas Hemsley (Address) 3784 Liddle St

Filed 1935 Register No.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| Mitral Insufficiency | |
| pleurisy fluid effusion | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 10/11, 1935

Where did injury occur? Johns Hopkins Hospital Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Standing while standing at work

Nature of injury Accident was run over by car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Grier Weber M. D. Coroner

(Address) 19 N Charles

F 16777 ✓ F 16777

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Zorn

If U. S. Veteran specify WAR

(a) Residence: No. 122 S. Register St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

DATE OF BIRTH (month, day, year) Dec 22 1860

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 9 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Work

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Adam Zorn

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Catherine Fleckenstein

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Howard Blaney (daughter)

(Address) 2402 N. Eldorado St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rood Date Oct. 17, 35

19. UNDERTAKER J. A. Morgan

(Address) 3011 E. Baltimore St

FILED ... 19... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1010 S. Ellwood Ave.

F 16778

778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

931

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Watkins or Watts

(a) Residence: No. 138 York St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 1876

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Robert Watkins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Leah ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Oct 13, 1935

19. UNDERTAKER

(Address)

FILED Oct 15 1935 Registrar

1787 WPK

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1935 to 10/11, 1935

I last saw h alive on 10/11, 1935. Death is said to have occurred on the date stated above, at 4 22 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | Sudden |
| Arteriosclerosis | ? |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

H. D. B 1268-9

16779 F 16779

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Coleman

(a) Residence: No. 200 Fremont Ave St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1906

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 2 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0867

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cambridge (State or country) Md.

13. NAME William Coleman

14. BIRTHPLACE (city or town) Cambridge (State or country) Md.

15. MAIDEN NAME Emma Carter

16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT Sydenham Hospital (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Universal of Md Date Oct 15. 1935

19. UNDERTAKER [illegible] (Address) [illegible]

FILED 1935 [illegible] Registrar.

1788

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| Meningococcic Meningitis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 912 E. North Ave

F 16780

16780 4
3049

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jerry Ivory

(a) Residence: No. 1416 E. Fayette St., ..... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | — |

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7-10-35

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Lucy Ivory

16. BIRTHPLACE (city or town) (State or country) N Car

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Oct 15 19 35

UNDERTAKER
(Address)

FILED 1935 Washington Hilliard Registrar

1790 ✓ AFF

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1935 to Oct 2 1935

I last saw h. in alive on Oct 2 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastroenteritis | about Sept 28 |
| Jaundice | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lydia R Edwards, M. D.

(Address) Johns Hopkins

D. B. 1268-9

F 16781

6781

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Christopher

(a) Residence: No. 1715 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 3, 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME Randolph Christopher

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Isabelle Jones

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Oct 15 1935

UNDERTAKER

FILED 5 1935 Huntington Fitzhugh, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-3-35, 19 to 10-9-35, 19

I last saw he alive on 10-9-35, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Whitridge Jr., M. D.

(Address) Johns Hopkins Hospital

F 16782

04978

16782

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Brown

(a) Residence: No. 905 N. Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | — |

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 10/10/32

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alma Green

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place J H Med School Date Oct 15, 1932

UNDERTAKER

(Address)

FILED ... 19... Registrar

1935 1794

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 11, 1932

I last saw he alive on Oct 11, 1932. Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

F 16783

6783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Guilford Avenue St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rebecca J. Scott

(a) Residence: No. 2838 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Scott

DATE OF BIRTH (month, day, year) Oct. 22, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 11 | 21 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Hanson Bailey

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

15. MAIDEN NAME Nancy Welch

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Marion Brenner

(Address) 2838 Guilford Avenue

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 16, 1935

UNDERTAKER John A. Tracey

(Address) 3000 E. Balto St.

15 1935 , 19 Registrar.

RRN

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1935 to October 13, 1935

I last saw her alive on October 12, 1935 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Oct. 10 1935

Other contributory causes of importance:

Acute Cholecystitis — Oct. 5 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Examination Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. W. Morgenroth M. D.

(Address) 401 East 20th Street

F 16784

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16784

## CERTIFICATE OF DEATH

✓ 51E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Phillips

(a) Residence: No. Friendly Ave S. Shaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan Crouch

DATE OF BIRTH (month, day, year) 1-14-1859

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Maryland

13. NAME Thomas Phillips

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Susan Crouch

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL

Place Dust Cemetery Date Oct 17- 30 19

19. UNDERTAKER J. B. Hipsley & Son

(Address) 1300 Lanvale Ave

Filed 19 Registrar.

16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1935 to 10-13 1935

I last saw him alive on 10-12 1935 Death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

P Carcinoma of Scrotum — Date of onset ?

Other contributory causes of importance: Bronchopneumonia — Date of onset 4 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt

F 16785

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16785

## CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E.28th Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dr.

If U. S. Veteran specify WAR No

2. FULL NAME Andrew J. Boden Jr.

(a) Residence: No. 1903 E.28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13th, 1935.

| 7. AGE | Years | Months | Days | If LESS than 1 day ####### or ..... min. |
|---|---|---|---|---|
| | 0 | 9 | I | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Andrew J. Boden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Francest Rassa

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Andrew J. Boden (Father)

(Address) 1903 E.28th. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Oct. 16, 1935

19. UNDERTAKER George J. Ruth Inc.

(Address) 1765 Harford Ave.

19. DEAD Oct 16 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Oct. 14, 1935

That I saw him alive on Oct. 14, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus

| Date of onset |
|---|
| Birth |

Other contributory causes of importance:

Was an operation performed? Yes Date of Aug.

For what disease or injury? Hydrocephalus

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo A. Zimmerman M. D.

(Address) 2857 Maryland Ave.

F 16786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16786

## CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Aisquith Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR —

2. FULL NAME Annie M. Heinz

(a) Residence: No. 1603 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry W. Heinz

DATE OF BIRTH (month, day, year) Oct. 7th, 1851.

| AGE Years | Months | Days | If LESS than |
|---|---|---|---|
| 84 | 0 | 7 | ######## |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. abd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Altvater

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Elizabeth M. Dobe (Daughter)

(Address) 1603 Aisquith Street

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 17, 1935

UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

DATE 1935 Huntington Finnegan, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1- 1935 to Oct 14- 1935

I last saw her alive on Oct 14- 1935. Death is said to have occurred on the date stated above, at 11-20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 7/1/35 |
| Other contributory causes of importance: Edema of Lungs | 10/14/35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Gill Hall M. D.

(Address) 1631 E. North Ave

H. D. B. 1268-9

16787 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 16787

## CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Ashburton St. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary E. Duerr

(a) Residence: No. 2842 Parkwood Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Duerr

DATE OF BIRTH (month, day, year) Jan. 2 - 1889

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 9 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia - Pa.

13. NAME OF FATHER Bernard Donahoe

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Emma Oze

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT John L. Duerr
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/17/35 19

19. UNDERTAKER Richard H. Meyer
(Address) 1420 Arlington Ave

20. FILED OCT 16 1935 Harrington Tilp Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st 1935 to Oct. 14 1935

I last saw her alive on Oct. 14 1935. Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I - Hypertension, Heart Disease | |
| c Chronic Glomerular Nephritis | 10 yrs. |
| | |
| Other contributory causes of importance: | |
| 1 - Bronchio - pneumonia | 2 days |
| 2 - Secondary Anemia | 3 wks. |

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Earl L. Chambers M. D.

(Address) 4108 Liberty Hts Ave

F 16788

16788 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4114 St. Thomas Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Duffield If U. S. Veteran specify WAR No Record

(a) Residence: No. 4114 St Thomas Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Edward R. Duffield

DATE OF BIRTH (month, day, year) Dec 3rd 1896

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 10 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Frank Miner

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Agnes Ceyka

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Edward R. Duffield

(Address) 4114 St. Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Restwood Date Oct 16th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St Huntington Woodlawn, Md

FILED OCT 18 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to October 13 1935

I last saw her alive on October 13 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic Carcinoma | March 1935 |
| Other contributory causes of importance Ascites Tapping | 10/8 35 |
| Was an operation performed? Yes Date of March 1933 | |
| For what disease or injury Ruptured appendicitis | |
| Name of operation Laparotomy Date of March 1933 | |
| What test confirmed diagnosis? Clinical Was there an autopsy? No | |

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Louis H. A. Meyer M. D.

(Address) 1031 N. Caroline str.

H. D. F. 1268-9

F 16789

16789 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 121

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Ruark

(a) Residence: No. 1303 Forest Road, Sparrows Point, Maryland St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

DATE OF BIRTH (month, day, year) Nov 3rd 1925

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 4 | 11 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Vessa Ruark

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy Carter

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Vessa Ruark

(Address) 1303 Forrest Rd Sparrows Point Md

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 17th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

Filed ... 19... Huntington Williams, 1935 Registrar.

6 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1935 to October 14 1935

I last saw h[illegible] alive on October 14 1935. Death is said to have occurred on the date stated above, at 7.40 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis, generalized | 10/2/35 |
| Appendicitis, acute, perforated | 10/1/35 |

Other contributory causes of importance:

Name of operation Appendicectomy Date of 10/2/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Carlton N Adams, M. D.

(Address) Church Home & Inf.

M. D. B 1263-2

16790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16790

## CERTIFICATE OF DEATH V 85

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Vincent St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Thompson

(a) Residence: No. 1420 Vincent St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) March 24 1888

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 27 | 6 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME William Thompson

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Estella (unknown)

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Ethel Curtis

(Address) 1924 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Oct 16 1925

19. UNDERTAKER Adolphus Hall

(Address) 1210 Edmondson Ave.

Registrar.

FILED OCT 16 1925

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 . 1925

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Cerebral Hemorrhage | |
| (b) | |
| (c) | |
| (d) | |

Other contributory causes of importance Nervous Condition

Was an operation performed? no Date of ✓

For what disease or injury? .....

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) C. Harn M. D.
Coroner

(Address) 215 Harrison

M. D. B 1268-9

F 16791

16791

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH Govt Castle Gen Hosp

CITY OF BALTIMORE: (No. (Dead on arrival) St., 25 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frank Kolodzyjski

If U. S. Veteran specify WAR ....

(a) Residence: No. 1500 Locust St St., ....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 8 | 7 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper-Meat Market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Meat Packing

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Frank Kolodzyjski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Josephine Budrees

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Kolodzyjski (Address) 1500 Locust St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.R.Co. Date 10/18/35

19. UNDERTAKER Wm. S. Kalkowski

(Address) 2007 Eastern Ave. Huntington Terrace, Md.

Filed ....., 19.... Registrar.

6 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured skull | |
| Fractured both legs | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ....Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? Skull Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury 10/14, 1935

Where did injury occur? Patapsco & Locust Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

How injury occurred While working

Nature of injury Struck by Automobile

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Wm. Ellen Foster M. D.

Coroner

(Address) 9 East 39th St

16792 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16792

# CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Mack
If U. S. Veteran specify WAR .....

(a) Residence: No. 724 S. Bethel St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ~~1875~~ 1883

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 ~~55~~ | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.
13. NAME John
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Marie ?
16. BIRTHPLACE (city or town) (State or country) Poland.
17. INFORMANT Patient.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct 18 1935
19. UNDERTAKER Geo. A. Weber
(Address) 705 E. Lanvale St.
FILED 16 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1935 to 10/15, 1935
I last saw him alive on 10/15, 1935 Death is said to have occurred on the date stated above, at 7.50 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 3 days |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.
(Address) Balto City Hosp

M. D. B 1268-9

16793

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16793

## CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Campbell

(a) Residence: No. 608 Mosher St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Eleanor Campbell

7. DATE OF BIRTH (month, day, year) Aug 28 1893.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | 2 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date decedent last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Clayton N. C.

13. NAME Jerry Campbell

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Sylvania Hawk

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Eleanora Campbell

(Address) 608 Mosher St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Oct 10/18 1935

19. UNDERTAKER Robert E. Young

(Address) 864 N. Caroline St.

20. FILED OCT 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy & inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. abdominal wound

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage Caused by gun shot (pistol) wounds liver and Pancreas | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct. 14 1935

Where did injury occur? abdomen, liver & Pancreas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on the street

Manner of injury Gun Shot (pistol)

Nature of injury Gun Shot wound of abdomen causing hemorrhage of liver & Pancreas

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Farr Coroner, M. D.

(Address) 136 Hanover

6794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 16794

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2139 Halbrook Ave St. 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie A. McCauley
If U. S. Veteran specify WAR No

(a) Residence: No. 2139 Halbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed or divorced: HUSBAND of (or) WIFE of Joshua J. McCauley

DATE OF BIRTH (month, day, year) May 31-1854

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 4 | 12 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

13. NAME Solomon Hodges
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mary Ann Cooper
16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Joseph A. McCauley 2139 Halbrook Ave.

BURIAL, CREMATION, OR REMOVAL
Place Monkton, Balto Co. Oct. 17- 1935
UNDERTAKER (Address) Horace F. Burgee 3631 Falls Road

FILED OCT 16 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 1930 to Oct 14, 1931

I last saw h[illegible] alive on Oct 13 1935. Death is said to have occurred on the date stated above, at 6P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Uremia | 2 wks. |
| Arteriosclerosis | 2yrs. |
| Interstitial Nephritis | [illegible] |
| Other contributory causes of importance: Hemiplegia | 5yrs. |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) [illegible] M. D.
(Address) 2020 N. Charles St

H. D. B. 1268-9

F 16795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16795

## CERTIFICATE OF DEATH

✓ 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 Forrest St. St., 5 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide V. Vincent

(a) Residence: No. 242 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C. | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augustus Vincent

DATE OF BIRTH (month, day, year) Nov. 25, 1884

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 11 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Hopkins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Adeline Stake

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Augustus Vincent

(Address) 242 Forrest St.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 10-17, 1935

UNDERTAKER Francis A. Heagley

(Address) 578 W. Biddle St Huntington Funeral Home

FILED 10 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Oct. 14, 1935

Last saw h.. alive on Oct. 14, 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus, Coma | 10 yrs |
| Gangrene, Amputation Right Foot | 7/1/35 |
| Secondary Myocarditis | 8/20/35 |

Other contributory causes of importance:

Myocarditis

Name of operation Amputation Date of 8/20/35

What test confirmed diagnosis? Surgical Amputation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James P. Blake, M. D.

(Address) 924 N. Eutaw St.

M. D. P. 1268-9

16796 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 16796

## CERTIFICATE OF DEATH

✓ 126

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E Meekins

(a) Residence: No. 1709 Wilkens Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married |

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Hylant B Meekins

DATE OF BIRTH (month, day, year) Oct 25-1871

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 11 | 19 | |

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Benjamin F. Shipley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Amelia Knell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rev Hylant B. Meekins

(Address) 1709 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Oct 17 19 35

19. UNDERTAKER Roff C. B. M. Walters

(Address) N E cor Pratt & Eutaw Sts

20. Filed OCT 16 1935 19 Augustus Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 19 35 to Oct 14, 19 35

I last saw her alive on Oct 14, 19 35 Death is said to have occurred on the date stated above, at 10 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholelithiasis | 4 yrs |
| Stone in Common Duct | 1 yrs |
| Jaundice | 6 wks |

Other contributory causes of importance: Prolonged Coagulation time

Name of operation Removal of Stone Date of Oct 12

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl E Merkel, M. D.

(Address) St. Agnes Hosp

6797

F 16797

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 W. Hamburg St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret J. Burgess

(a) Residence: No. 547 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Burgess

DATE OF BIRTH (month, day, year): May 13 1873

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 5 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Samuel Taylor

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Sarah Ann Henry

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Ruth Grill

(Address) 1219 Riverside Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 16. 1935

UNDERTAKER: John F. Dempsey

(Address) 715 Eglas St

FILED: Huntington Williams, M.D.

OCT 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1935 to Oct. 14, 1935

I last saw her alive on Oct. 14, 1935. Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of throat | Apr 24/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry J. Cates, M. D.

(Address) 523 Scott St.

F 16798

F 16798

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 N. Vincent St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Asberry Sheppard

(a) Residence: No. 930 N. Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | ed | widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 20 1886

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 8 | 24 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Asberry Sheppard

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Amelia Morgan

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Louis Wallis

(Address) 921 Vincent St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/17/ 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Eastman St.

FILED [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1935 to Oct. 14, 1935

I last saw h[illegible] alive on Oct. 14, 1935 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 10/7/35. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. N. Pickett M. D.

(Address) 1536 W. Lanvale St.

F 16799

16799 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 711 E. 37th St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Wagenfer
If U. S. Veteran specify WAR

(a) Residence: No. 711 E. 37th. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard Henry Wagenfer

DATE OF BIRTH (month, day, year) Nov. 27 1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 10 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Faust.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Madeline Parkes
(Address) 711 E. 37th St

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Oct 9 1935

UNDERTAKER Wm. J. Keyser Sons
(Address) Lord Baltimore Hotel

FILED 6 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to Oct 14 1935

I last saw her alive on Oct 12 1935. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Right Hemiplegia | |
| | |
| | |
| | |

Other contributory causes of importance: Chr. Nephritis. Arteriosclerosis

Was an operation performed? None Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Shannon M. D.

(Address) 600 N. Fulton Ave

F 16800

16800 HEALTH DEPARTMENT—CITY OF BALTIMORE

82c

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH South Baltimore General St., 28 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mary Ely Coster

(a) Residence: No. 3717 Dorsey Road Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Coster

DATE OF BIRTH (month, day, year) July 30, 1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 2 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

13. NAME Jas. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Cornelia Hales.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Thos. Howard Coster.
(Address) 3717 Dorsey Oakave.

18. BURIAL, CREMATION, OR REMOVAL Cedarhill Cem. Oct 18 35
Place Date 19

19. UNDERTAKER Wm Weltzer Sons
(Address) 1700 E. Baltimore St.

19 Registrar

T1618

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1935. to October 15, 1935.

I last saw her alive on October 15, 1935. Death is said to have occurred on the date stated above, at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Complete Cerebral softening | 9 hrs |

Other contributory causes of importance: Diabetes (supposed)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wallace D. Wolf M. D.

(Address) 1401 Eutaw Place Baltimore Md

M. D. B 1268-9

✓ F 16801

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16801

## CERTIFICATE OF DEATH

207-8

1. PLACE OF DEATH Bay View Freight Yards P R R Co

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Henry Kress

If U. S. Veteran specify WAR .....

(a) Residence: No. 2417 E. Federal St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriette F.

6. DATE OF BIRTH (month, day, year): Nov 6. 1884

7. AGE: Years: 50 | Months: 11 | Days: 9 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Freight Brewery

10. Date deceased last worked at this occupation (month and year): Oct 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Jefferson Co. Pennsylvania

13. NAME of Father: Nicholas A. Kress

14. BIRTHPLACE (city or town) (State or country): York Co. Pa.

15. MAIDEN NAME of Mother: Virginia Dineen

16. BIRTHPLACE (city or town) (State or country): York Co. Pa.

17. INFORMANT: Irwin Kress

(Address) 2228 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct 17, 1935

19. UNDERTAKER: Wm. J. Dickey & Sons

(Address) North & Fremont Aves

FILED Oct 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock — Amputation left arm at shoulder & both legs | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury: Oct 15, 1935

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bay View Freight yards Penna R. R.

Manner of injury: Passenger by R.R. train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

M. D. P. 1268-9

✓ F 16802

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16802 121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. ) St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (M) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Benjamin Haefner No Wars.

(a) Residence: No. 3025 Weaver Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elise Haefner

6. DATE OF BIRTH (month, day, year) March 1, 1852

7. AGE: Years 83 | Months 7 | Days 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plumber 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1922

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Caspar B. Haefner

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret Guntrum

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elise Haefner

(Address) 3025 Weaver Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 17, 1935

19. UNDERTAKER Thos. Mus. John M. Gankel & Son

(Address) 501 W. Hamilton St.

FILED Huntington Pitcairn, 19

Registrar.

OCT 16 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1935 to October 14, 1935

I last saw h~~im~~ alive on October 14, 1935 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Bilateral Inguinal Hernia | |
| 3. Arteriosclerosis | |
| 11. Chronic Myocarditis | |
| 2. Appendectomy | |

Other contributory causes of importance:

Myocardial failure

Name of operation {Bilateral Herniopasty, Appendectomy} Date of 10/3/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ~~specify~~

(Signed) H. H. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

✓ F 16803

16803

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-8

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital 2 (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Berg

(a) Residence: No. Colvin Creek St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Berg

7. DATE OF BIRTH (month, day, year) 9-17-1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | — | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweeden

13. NAME Anders Andrew

14. BIRTHPLACE (city or town) (State or country) Sweeden

15. MAIDEN NAME Mae Finquist

16. BIRTHPLACE (city or town) (State or country) Sweeden

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Oct 16 1935

19. UNDERTAKER John Sellrich
(Address) 2200 Pleasant Ave Huntington Pittsburgh, Pa

FILED 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1935 to 10-15 1935

I last saw her alive on 10-15 1935. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| due to volvulus | 10-12-35 |
| Other contributory causes of importance: | |
| Hypostatic Pneumonia | 10-14-35 |

Was an operation performed? Yes Date of 10-12-35

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy Date of 10-12-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in niso the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hospital

✓ F 16804

F 16804 HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3519 E. Lombard St. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose M. Schmink

(a) Residence: No. 3519 E. Lombard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Schmink

DATE OF BIRTH (month, day, year) July 30/1908

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 2 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Salvetror Muffaletto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Constetena Cattlia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John G. Schmink

(Address) 3519 E Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 18 1935

19. UNDERTAKER Tilley & Taylor

(Address) 405 E. Monument St.

20. FILED OCT 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1935, to Oct. 14, 1935

I last saw her alive on Oct. 14 1935. Death is said to have occurred on the date stated above, at 4/30 m. Pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | Unknown |

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 1934

For what disease or injury? Cancer of Breast (Rt.)

Name of operation Removal of Breast (Rt.) and metastatic glands Date of Nov. 1934

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 E. Fayette St.

F 16805

F 16805

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

342 - 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dritz Melchior

(a) Residence: No. 3342 Belvedere Ave Ward. Rumlich

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/9/?

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 2 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Gullip

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Oct 16, 1935

19. UNDERTAKER

(Address)

20. FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1935 to 10/8, 1935

I last saw him alive on 10/8, 1935 Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3 days

Arteriosclerosis — ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert H. Reiter, M. D.

(Address) Balto City Hosp.

F 16806 ✓ F 16806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Robinson

(a) Residence: No. 402 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | — |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Oct. 5, 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Kenneth Robinson

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Rachel Gardner

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 16 1935

19. UNDERTAKER
(Address)

Filed 1935 Huntington Williams, M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1935 to Oct. 12, 1935

I last saw her alive on Oct. 12, 1935. Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity - 28 weeks | 10-5-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Hugh B. McNally M. D.

(Address) Lemmon, Md.

F 16807 ✓ F 16807

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 835 Powers St. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Daniel T. Harrison.

(a) Residence: No. 835 Powers St. St., ....Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) December 12, 1895

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 39 | 10 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ellicott City, Md

13. NAME James Harrison.

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Laura V. Grimes.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

INFORMANT Cora Harrison. (sister)

(Address) 835 Powers St.

BURIAL, CREMATION, OR REMOVAL Forest, Howard Co. Md. Date Oct 18, 1935

UNDERTAKER Thanowetz Bros.

(Address) 3615-17 Chestnut Ave

FILED 10 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Alcoholism. | |

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Otto M. Reinhardt, M. D.

10/15/35 (Address) 1017 S. Charles St. Coroner

F 16808

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16808

## CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Lydenham Hospital

CITY OF BALTIMORE: (No. 13 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Haines

If U. S. Veteran specify WAR X

(a) Residence: No. 3607 Walden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard. Haines

7. DATE OF BIRTH (month, day, year) May 23, 1872.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 4 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

13. NAME Winfield Scott Morgan

14. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

15. MAIDEN NAME Jane Morgan

16. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Va.

17. INFORMANT Sister

(Address) 3607 Walden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Where Mt. Hope Cemetery Date Oct 16, 1935

19. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Chelsea Terr.

20. FILED Oct 16 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1935 to Oct. 14, 1935

I last saw h.e alive on Oct. 14, 1935. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas, left leg | Oct. 8. |
| (Idiopathic) | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stifler Jr., M. D.

(Address) Lydenham Hospital

✓ F 16809

6809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 17 da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dora Green

(a) Residence: No. 717 Emory St Asbury Park St N.J. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

DATE OF BIRTH (month, day, year) 1882

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 53 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Taylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk 1908

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob L. Green

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jennie Green

(Address) 717 Emory St N.J.

18. BURIAL, CREMATION OR REMOVAL

Place New Jersey Date 10/17/35 19...

19. UNDERTAKER Jack Levine Inc

(Address) 1439 E Baltimore St

Filed 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16/35 19

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1935 to 10-16 1935

I last saw him alive on 10-16 1935 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma rectum | |
| | |
| | |
| | |

Other contributory causes of importance:

Intestinal obstruction

Was an operation performed? Yes Date of 10-5-35

For what disease or injury? Carcinoma of rectum

Name of operation Colostomy Date of 10-5-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip C. Dooley M. D.

(Address) 1541 Eutaw Place

M. D. F 16810

F 16810

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave. St.) (25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Krauter
Master Robert Krauter

(a) Residence: No. 1904 Grinnalds Ave. St., ... Ward.
(Usual place of abode) Baltimore Md. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Apr. 25, 1924

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 11 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (student)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lansdown Baltimore
(State or country) Baltimore Co., Md.

13. NAME Wm. L. Krauter

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Virginia Banks

16. BIRTHPLACE (city or town) Balto. County
(State or country) Md.

17. INFORMANT William L. Krauter
(Address) 1904 Grinnalds Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 17, 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... [illegible]

6 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/35

22. I HEREBY CERTIFY, That I attended deceased from 10/8/35 to 10/15/35, 1935
I last saw him alive on 10/14/35. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis with gangrene & spontaneous rupture | |
| Other contributory causes of importance: Intestinal obstruction with peritonitis | |

Name of operation appendectomy, enterostomy Date of 10-9-35

What test confirmed diagnosis? surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Louis E. Phelps M. D.

(Address) St. Agnes Hospital

F 16811

16811 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

50

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 123 W. 29th St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Ellen Beseke

(a) Residence: No. 123 W. 29th St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced (or) WIFE of Charles Beseke

DATE OF BIRTH (month, day, year) Sept. 8-1892

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | 1 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10. Date deceased last worked at this occupation (month and year) ....
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John J Mullaney

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Magdelen Lindner

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles Beseke
(Address) 123 W. 29th

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 10/18 1935

19. UNDERTAKER ....
(Address) ....

FILED 6 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935, to October 15 1935, I last saw her alive on October 14 1935. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Left breast with generalized Metastasis | about 1932 |

Other contributory causes of importance:

Was an operation performed? No. Date of ....

For what disease or injury? ....

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Charles Reid Edwards M. D.

(Address) 101 W. Read St.

L. D. B 1268-9

F 16812

6812

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Riverside Ave. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 10 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen A. Kirchenbauer.

(a) Residence: No. 1221 Riverside Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) December 9, 1914

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 10 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer. pack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George W. Kirchenbauer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary M. Hook.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT George W. Kirchenbauer. (father)

(Address) 1221 Riverside Ave.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] 19 35

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] Registrar

OCT 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto M. Reinhardt M. D. Coroner

(Address) 1017 N. Charles St. 10/15/35

M. D. F 1268-9

✓ F 16813

16813

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4145 Marx Avenue St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS H. WIELAND

(a) Residence: No. 4145 Marx Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Helen Wieland

7. DATE OF BIRTH (month, day, year) Feb. 12, 1909

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 8 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Frederick P. Wieland

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Baroch

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Helen Wieland

(Address) 4145 Marx Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Oct. 18. 1935

19. UNDERTAKER Chas. H. Dauchy & Son

(Address) 1811 N. Royal Ave

21. FILED ... Registrar.

6 T 935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 1934 to Oct 16, 1935

I last saw h in alive on Oct 15, 1935 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma Right Hip with metastases | 1933 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Stetlow M. D.

(Address) 315 S. Highland Ave

16814 E 16814

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Venturella

(a) Residence: No. 804 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 23-1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 4 | 23 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore - Md.
(State or country)

13. NAME Samuel Venturella

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Sarah Serio.

16. BIRTHPLACE (city or town) Italy.
(State or country)

17. INFORMANT Samuel Venturella
(Address) 804 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Oct 18 1935

19. UNDERTAKER Albert W Gregory
(Address) 440 E North Ave

20. FILED ..... 19.... ..... Registrar.

6 1935

### MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) October 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1935, to October 15, 1935

I last saw h(M) alive on October 15, 1935 Death is said to have occurred on the date stated above, at 12.20 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous Pneumonia | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton A. Lasher M. D.

(Address) Mercy Hospital.

M. D. F 1268-9

F 16815

16815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH St. Agnes' Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Catalina ave 30 St., ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Preisz

(a) Residence: No. 204 Collins ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Preisz.

7. DATE OF BIRTH (month, day, year) July 27-1857.

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 2 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - Watchman 56 ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter Preisz.

(Address) 204 Collins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date Oct. 17- 1935

19. UNDERTAKER Charles J. Schwab.

(Address) 505 N. Monroe St.

20. FILED 6 1935 Huntington Ind. (Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1935 to Oct. 14 1935

I last saw h.m alive on Oct. 14 1935. Death is said to have occurred on the date stated above, at 6.10 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic C.V. disease | 10/11 |
| Apoplexy | |

Other contributory causes of importance:

Hypertrophied prostate

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C B Marsh M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 16816

F 16816

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 St. Paul St. St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. McNamara

(a) Residence: No. 1010 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret

DATE OF BIRTH (month, day, year) Mar. 28, 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 6 | 19 | 17 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty. at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wash. D.C.

13. NAME Michael Ireland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Ireland

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Miss Small wood
(Address) 1010 St Paul St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 17, 1935

UNDERTAKER L L Bridgers
(Address) 42 Eutaw St

Huntington Williams, Asst
Registrar.

FILED AUG 17 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/15/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

M. D. [illegible] 126-99

F 16817

F 16817

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Linden ave St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Grass

If U. S. Veteran specify WAR .....

(a) Residence: No. 1124 Linden ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Grass

6. DATE OF BIRTH (month, day, year): [illegible] 1869

7. AGE: 66 Years | Months ? | Days ? | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): West Point Va.

MOTHER

13. NAME: Pat Braxton

14. BIRTHPLACE (city or town) (State or country): Richmond Va

15. MAIDEN NAME: Caroline Unknown

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT: Mrs. Wilson

(Address) 1124 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lot, Auburn Date 10-17, 1935

19. UNDERTAKER: Jno. Gu. H. Holland

(Address) 1631 Division St.

20. FILED OCT 17 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis, | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury? .....

Name of operation none Date of -

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hope Coroner M. D.

(Address) 1719 Harwood

M. D. B. 1268-9

16818 HEALTH DEPARTMENT—CITY OF BALTIMORE 16818

# CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 W. Franklin St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leopold. Scherch.

(a) Residence: No. 2006 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of: Emily Scherch.

7. DATE OF BIRTH (month, day, year): Oct. 22 1874

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 11 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cabinet Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

13. NAME: Herman. Scherch.

14. BIRTHPLACE (city or town) (State or country): Poland.

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Emily Scherch

(Address): 2006 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park. Date 10-14th 1935

19. UNDERTAKER: Mrs Chas. A. J. Rohde

(Address): 2327 Edmondson Ave

FILED: OCT 17 1935 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1935 to Oct 14- 1935

I last saw him alive on Oct 14 1935 Death is said to have occurred on the date stated above, at 9.21 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Lung | ? |
| Asthenia | ? |

Other contributory causes of importance:

Name of operation: Curettage Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ethelbert Hemming M. D.

(Address) 2000 Hollins St

F 16819

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16819

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2600 Puget St., 25 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon Smith

(a) Residence: No. 2600 Puget St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Married |

6. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Julia Smith

DATE OF BIRTH (month, day, year) 1887

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seed Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Raynor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Julia Smith

(Address) 2600 Puget St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Oct 18 1935

19. UNDERTAKER James A Stayer

(Address) 142 Westfield St

20. FILED OCT 17 1935 Harrington Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/7/1935 to 10/14/1935

I last saw h. alive on 10/14/1935. Death is said to have occurred on the date stated above, at 8 A, m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Brights Disease | 4/1/35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 912 N Eutaw St

M. D. B 1288-9 F 16820 F 16820

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 186-a

Registered No.

CITY OF BALTIMORE: (No. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L. Wooten

If U. S. Veteran specify WAR

(a) Residence: No. 3910 Oakland ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Christina Wooten

6. DATE OF BIRTH (month, day, year): Sept. 7, 1898

7. AGE: Years 37 | Months 1 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machine Opr 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

FATHER

13. NAME: Lemuel Wooten

14. BIRTHPLACE (city or town) (State or country): Lake Side Md

MOTHER

15. MAIDEN NAME: Effie Ward

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Christina A Wooten

(Address) 3910 Oakland ave.

18. BURIAL, CREMATION, OR REMOVAL: Garden

Place: St Mary Cemetery Date: 10/18 1935

19. UNDERTAKER: Howard N. Bloch Jr

(Address) 608 N. Gay St

20. FILED: OCT 17 1935 19 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 16. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above. 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage of the brain | |
| Cerebral Hemorrhage | |
| Fracture of Lumbar Vertebra, | |

Other contributory causes of importance: Temporary deranged mentality

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 11, 1935

Where did injury occur? 3910 Oakland ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fell from window

Nature of injury Fracture of Lumbar Vertebra

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C Hann M. D. Coroner

(Address) 1218 Hanover

F 16821

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16821

## CERTIFICATE OF DEATH

✓ 93-c

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1604 N. Caroline St. St., 9 Ward)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME JOHN CHARLES DIERKER

(a) Residence: No. 1604 N. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 12, 1853

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 82 | 6 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John Henry Dierker

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Cathrina Kerkhoff

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry Weilage Jr.
(Address) 2234 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Oct. 18, 1935

19. UNDERTAKER John Wiesike & Son
(Address) 1001 Orleans St

Registrar.

71935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 35 to Oct 16 35

I last saw him alive on Oct 15 1935 Death is said to have occurred on the date stated above, at 12 ½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremi Sclerosis | 1 yr. |
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Senility | — |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) W. S. Story — M. D.

(Address) 6 W. Mt. Royal Ave

H. D. B 1268-9

F 16822

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

16822

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Riverside Park. St., 24 Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 8 dis. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dis.

2. FULL NAME Thomas C. Smith.

(a) Residence: No. 111 E. Randall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) April 6, 1869

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 66 | 6 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00.40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas L. Smith.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie C. --------

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Edward Jory.(nephew)

(Address) 111 E. Randall St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date 10/17 19 35

UNDERTAKER J. Fow McCully

(Address) 19 E. Fort Ave.

FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None Date of...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

10/15/35 (Address) 1017 E. Charles St.

F 16823

M. D. H. 1268-30

F 16823

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 N. Balto St. 19 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 5 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Moyer

(a) Residence: No. 1419 N. Balto St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jonas Moyer

6. DATE OF BIRTH (month, day, year): October

7. AGE: Years 77 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER'S FATHER

13. NAME: Abraham

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Besari

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Abraham Moyer-Son

(Address) 1855 N. Pratt St

18. BURIAL, CREMATION, OR REMOVAL: Interred Mt Carmel Date 10/17/35 19

19. UNDERTAKER: Jacob Levy Son

(Address) 1429 E. Balto St

OCT 17 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16-35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above. 10:20 a.m.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Sudden |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Pain - chest Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Thos. H Phillips

(Signed) Thos. H Phillips Coroner, M. D.

(Address) 1929 Eutaw Pl

F 16824

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16824

## CERTIFICATE OF DEATH

V 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Stricker St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy A. C. Heatham

(a) Residence: No. 1038 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Mar. 1876

| 8. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 7 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work

10. Date deceased last worked at this occupation (month, day, year): Sept 23 35 11. Total time (years) employed in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): North Carolina

13. NAME OF FATHER: John C. Heatham

14. BIRTHPLACE (city or town) (State or country): N. Ca

15. MAIDEN NAME OF MOTHER: Dont Know

16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT: Lucy C. Heatham

(Address) 1038 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 17 35

19. UNDERTAKER: Thos. E. Kelson

(Address) 1303 Presstman st.

20. FILED OCT 17 1935 Mar. E. Fox Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/14/35

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 35 to Oct. 14th 35

I last saw her alive on 10/12/35 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | Sept 23 35 |
| Other contributory causes of importance: Bronchitis | Sept 23 35 |

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. T. Gunn M. D.

(Address) 622 Mulberry

H. D. B 1268-9

6825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16825

## CERTIFICATE OF DEATH

✓ 178-D

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 42 S. Front St., 3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas B. Spurrier Sr.

(a) Residence: No. 122 S. Broadway St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Spurrier

DATE OF BIRTH (month, day, year) Aug. 28, 1879

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 1 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month, day, year) 10/14/35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William A. Spurrier

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Laura Pete

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Katie Spurrier

(Address) 122 S. Broadway

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 18, 1935

UNDERTAKER Martin J. C. Dippel

(Address) 37 S. Ann St

FILED CT 17 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning | 10/14/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 10/14, 1935

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage - 42 S. Front St.

Manner of injury Was repairing Auto Truck with doors closed & motor running

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify did your auto repairing

(Signed) Erwin B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

F 16826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

R 16826

## CERTIFICATE OF DEATH

✓ 92-a

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Garland Linthicum

(a) Residence: No. 5011 Roland Avenue St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Hoblitzell

7. DATE OF BIRTH (month, day, year) September 25, 1891

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | — | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Linthicum

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Almira P. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 17, 1935

19. UNDERTAKER Henry W. Stukenbroker & Son
(Address) McCulloh & Forchand Sts. Huntington Terminal, N.Y.

OCT 17 1935 , 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1935, to October 15, 1935

I last saw him alive on October 15, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease, aortic stenosis | 18 yrs |
| Other contributory causes of importance: Myocarditis, chronic, with congestive heart failure | 3 days |
| Cardiac disease, coronary sclerosis Unkn. | |

Was an operation performed? yes No Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. find. Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. H. a dcsn. M. D.

(Address) U.S. Marine Hospital, Baltimore

6827

# HEALTH DEPARTMENT—CITY OF BALTIMORE

6827

## CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Tioga Parkway 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Drucker

(a) Residence: No. 3300 Tioga Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetris B. Drucker

DATE OF BIRTH (month, day, year) Feb. 14, 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 8 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trav. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME — Drucker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Yetris Drucker (Address) 3300 Tioga Pkwy.

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Clarksburg, W. Va. Date Oct. 17, 1935

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place

FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935, to Oct 16, 1935

I last saw h[illegible] alive on Oct 16, 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension C.V.D. | |
| Myocardial Degeneration | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel J. Vanker M. D.

(Address) 3224 Wayne Falls Pkwy

F 16828 ✓ F 16828

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 E. Eager St., 7 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Bailey Anderson

(a) Residence: No. 1936 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | Col. | married |

6. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Anderson Stephens

7. DATE OF BIRTH (month, day, year) Oct 4, 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | — | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 15/10/35

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Chas City Va.

13. NAME Sandy Bailey

14. BIRTHPLACE (city or town) (State or country) Chas City Va

15. MAIDEN NAME Cartwright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Emma Bailey

(Address) 1936 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Oct 18th 1935

19. UNDERTAKER Mrs. Peter A. Elliott Daughter

(Address) 1129 Caroline St

20. FILED ..... 19..... Fees. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5/10 1935 to ..... 19.....

I last saw h.. alive on 13/10 1935 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Essential Hypertension

Date of onset

Other contributory causes of importance: Coronary Sclerosis

Name of operation none Date of .....

What test confirmed diagnosis ~~None~~ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Mansfield Boyle M. D.

(Address) 403 N. Caroline St

M. D. F. 1268-9

F 16829

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16829

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 N. Fulton Ave St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Charletta Shipley

(a) Residence: No. 1012 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clayton R. Shipley

6. DATE OF BIRTH (month, day, year) Jan 29th 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 9 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME N. Frederick Albright

14. BIRTHPLACE (city or town) Granite, Md.
(State or country)

15. MAIDEN NAME Grace Miller

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Clayton R. Shipley
(Address) 1012 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/16/35

19. UNDERTAKER Geo. Weber & Son
(Address) 3503 Edmondson Ave

20. FILED 10/17/1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930 to Oct 15, 1935

I last saw her alive on Oct 15, 1935 Death is said to have occurred on the date stated above, at 9 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1929 |
| Other contributory causes of importance: | |
| cardiac insufficiency | Oct 9, 1935 |

Name of operation none Date of

What test confirmed diagnosis usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George H. Krug M. D.

(Address) 3030 Edmondson Ave

21. D[illegible] 12[illegible] 16830 F 16830

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Eastern Ave. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Joseph Wisnik

(a) Residence: No. 1415 Eastern Ave. St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Unknown |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| about 25 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chicken killer & dresser (sporadically) do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal's Home Date Oct 7 19 35

19. UNDERTAKER

(Address)

20. FILED OCT 7 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) probably chronic myocarditis | |
| | |
| | |
| | |

Other contributory causes of importance: methylalcohol addict.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Wright M. D. Coroner

(Address) 1010 S. Edmondson Ave.

1806 THE MORGUE

M. D. B 1268-9 F 16831 ✓ F 16831

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-D

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ~~in Hospital~~ Baltimore City Hospitals St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Infant Sommers

(a) Residence: No. 515 S. Ellington Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Oct 5 1935

7. AGE — Years — Months — Days — If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. newborn infant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME Sommers

14. BIRTHPLACE (city or town) York Co. (State or country) Penna.

15. MAIDEN NAME Sophia Sutton

16. BIRTHPLACE (city or town) Penna (State or country)

17. INFORMANT Sophia Sommers
(Address) 515 S. Ellington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Unknown Date Oct 7, 19 35

19. UNDERTAKER .....
(Address) .....

OCT 7 1935 19..... Registrar.
20. FILED .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

Intracranial hemorrhage

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. M. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave

1301

F 16832 ✓ F 16832

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital (Dead on arrival) 3 Ward)

CITY OF BALTIMORE: (No. ..... St., .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ?

2. FULL NAME Christopher Healy

(a) Residence: No. 415 Eastern Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | DK |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875 ?

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | X | X | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) DK

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) DK

17. INFORMANT Agnes L Healy

(Address) 1415 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date Oct 17 19

19. UNDERTAKER .....

(Address)

FILED OCT 17 1935 ..... Registrar.

1799

### MEDICAL CERTIFICATE OF DEATH 1935

21. DATE OF DEATH (month, day, year) Oct 1st 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Internal Injuries | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 1st, 1935

Where did injury occur? Hart & Caroline Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck on head & body ran over by Automobile

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. J. Feeley (Jr) M. D. Coroner

(Address) 1142 Park Ave

THE MORGUE

F 16833

F 16833

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH South Balto Gen Hosp

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Brisun — Pikesville Md

(a) Residence: No. ..... St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | DK |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) ✓

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56? | ✓ | ✓ | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) DK

MOTHER FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) ✓

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Police Report Southern Dist

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of M Date Oct 7 19 35

19. UNDERTAKER .....

(Address)

20. FILED OCT 7 1935 [illegible] Registrar

1798 THE MORGUE

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of Injury 10/4 , 1935

Where did injury occur? Pennsylvania Ave near Eutaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck while crossing St

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Hubert G. Wiley Jr. M. D. Coroner

(Address) 2 Park Place

F 16834 (Decease) ✓ F 16834

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Samuel Decease
(a) Residence: No. 5922 Clarks Hill St., Ward.
(Usual place of abode) Roland Park (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alentha Decease

7. DATE OF BIRTH (month, day, year) 8-22-67

| AGE | Years | Months | Days | If less than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 1 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (?) Maryland

13. NAME John Decease
14. BIRTHPLACE (city or town) (State or country) (?) md
15. MAIDEN NAME Margaret Fahent
16. BIRTHPLACE (city or town) (State or country) (?) md

17. INFORMANT Balto City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL Date Oct 18, 1935
Leitur, Balto Co. Md

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Eutaw Ave

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-25-1935 to 10-15-1935
I last saw him alive on 10-15-1935 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate | (?) |
| | (?) |

Other contributory causes of importance:
Metastatic Carcinoma of Spine & Paralysis of Lower Extremities (?)

For what disease or injury? no operation performed? Date of
Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J. Manly M. D.
(Address) Balto City Hospt

16835 ✓ F 16835

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Nawlent M Randall

(a) Residence: No. 2810 Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | W | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nawlent M Randall

6. DATE OF BIRTH (month, day, year) July 4 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 3 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemist

10. Date deceased last worked at this occupation (month and year) 10-11-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME Randall.

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Dane

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenbach Date 10/18/ 1935

19. UNDERTAKER J. A. Morgan
(Address) 3002 E. Baltimore

FILED 17 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1935, to 10-15 1935

I last saw h[illegible] alive on 10-13 1935. Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Hypertension | |
| Arteriosclerosis | |

Other contributory causes of importance:

Respiratory failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John W Bergaby M. D.
(Address) Maryland General Hosp

M. D. B 1268-9

16836 ✓ F 16836

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Broadway St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Koscielski

If U. S. Veteran specify WAR

(a) Residence: No. 220 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michaelena

6. DATE OF BIRTH (month, day, year) Sept 7 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City refuse dep.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Damaslavena
(State or country) Germany Poland

MOTHER FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) Unknown
(State or country) German Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Germ Poland.

17. INFORMANT Peter Koscielski (Son)
(Address) 925 Aliceanna St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 18. 1935

19. UNDERTAKER John H. Weber
(Address) 1121 E. Chase St

Filed OCT 17 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance

Asthma (?)

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

F 16837

16837

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR unknown

2. FULL NAME Andrew Tribble

(a) Residence: No. 1335 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-3-78

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 6 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) 10-10
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Ind,
13. NAME Andrew Tribble
14. BIRTHPLACE (city or town) (State or country) Ind,
15. MAIDEN NAME Alice —
16. BIRTHPLACE (city or town) (State or country) Ind,
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Ind, Date Oct 17 1935
19. UNDERTAKER Williams & Jackson
(Address) 216 Lemmon Ave Trenton
Huntington Williams, N.J.
Registrar.

OCT 17 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1935 to 10-15 1935
I last saw him alive on 10-15 1935 Death is said to have occurred on the date stated above, at 11:55 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy of Prostate | 1934 |
| Urinary Retention | 10-10-35 |
| Uremic Coma | 10-13-35 |

Other contributory causes of importance: none

Was an operation performed? No Date of
For what disease or injury? none
Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.
(Address) Baltimore City Hospital

16838 ✓ F 16838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt's ... St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Oreen

If U. S. Veteran specify WAR ...

(a) Residence: No. 2130 E. Lanatoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Oreen
7. DATE OF BIRTH (month, day, year): 3-18-1870
8. AGE — Years: 65 Months: 6 Days: 26 If LESS than 1 day, ... hrs. or ... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
11. Date deceased last worked at this occupation (month and year): ?
12. Total time (years) spent in this occupation: ?
13. BIRTHPLACE (city or town) (State or country): Baltimore Md.
14. NAME of father: Michael Banggaan
15. BIRTHPLACE (city or town) (State or country): Germany
16. MAIDEN NAME of mother: Katherine Landis
17. BIRTHPLACE (city or town) (State or country): Germany
18. INFORMANT (Address): Balto. City Hospt Records
19. BURIAL, CREMATION, OR REMOVAL — Place Western Date 10/18/35
20. UNDERTAKER (Address): Harry H. Deitzler 4101 Edmondson Ave
21. 10/17 1935 Huntington Pittsburgh, Pa.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-14-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1935 to 10-14, 1935

I last saw her alive on 10-14, 1935 Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Of Cervix | ? |
| Metastatic Carcinoma of Peritoneum and Intestines | ? |

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robt. F. Mantin M. D.

(Address) Balto City Hospt.

6839

F 16839

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Reisterstown Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob S. Goldsmith

(a) Residence: No. 2906 Reisterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel S. Goldsmith

DATE OF BIRTH (month, day, year) Dec 28/1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 9 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D.C.

13. NAME of Father Simon Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Regena Lauchheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jacob S. Goldsmith

(Address) 2906 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Levy Mem Park Date Oct 19 1935

19. UNDERTAKER Lyons Co

(Address) 2422 Reisterstown Rd

FILED 17 1935 Huntington Williamson, Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jul, 1935, to Oct 17, 1935

saw h.m alive on Oct 17, 1935. Death is said to have occurred on the date stated above, at 39 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis (hypertension) | 5 years |
| myocarditis | " " |
| | over |
| Other contributory causes of importance: | |
| oedema of lungs | 1 day |

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation - Date of -

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify None

(Signed) J. Frederick Lutz M. D.

(Address) Temple Garden apts

F 16840 ✓ F 16840

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., [illegible] Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 17 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME William Pippin

(a) Residence: No. Chestertown, Md. St., ....Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE~~ of: Sara Pippin

6. DATE OF BIRTH (month, day, year): Sept 19 1860

7. AGE: Years 75; Months 0; Days 29.; If LESS than 1 day, ....hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Mgr. 50 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chestertown Md.

13. NAME of Father: Robt Pippin

14. BIRTHPLACE (city or town) (State or country): Chestertown Md.

15. MAIDEN NAME of Mother: Harriett A. Jamison

16. BIRTHPLACE (city or town) (State or country): Chestertown Md.

17. INFORMANT: Hospital Records.

(Address) Mrs Sara Pippin Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Chester Cem. Date: 10/22 1935

19. UNDERTAKER: Ralph H. Hamilton

(Address) Chestertown Md

20. FILED 10 19 1935 Huntington Pittsburgh

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/18 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935 to October 18, 1935

I last saw him alive on October 17, 1935 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cystitis | |
| Paranoid condition | 9 or 14 |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? NO Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify.....

(Signed) D. Paul Schofield, M. D.

(Address) University Hospital

F 16841 ✓ F 16841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Mayfield Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Green

If U. S. Veteran specify WAR

(a) Residence: No. 2310 Mayfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lemuel C. Green

7. DATE OF BIRTH (month, day, year): Dec 17, 1878

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 10 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: James Wright

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mary Johnson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Ida V. Green

(Address) 2310 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem

Place: Woodlawn Cem Date: 10/19/1935

19. UNDERTAKER: J. H. Gould

(Address) 1214 N. Gilmor St

OCT 18 1935 Washington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1935, to 10/17/35, 19

I last saw her alive on 10/7/35, 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Breast | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? yes Date of 5 yrs ago

For what disease or injury? Carcinoma of Breast

Name of operation: Date of

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee W. Gordon M. D.

(Address) 5-103 Hanford Rd

F 16842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16842

95B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Indian War

2. FULL NAME Mr Eugene McIntyre

(a) Residence: No. 703 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

6a. If married, HUSBAND of Catherine E McIntyre

6. DATE OF BIRTH (month, day, year) June 5, 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Odwin McIntyre

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME C. Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs E. McIntyre
(Address) 703 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 10/19/1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED OCT 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1935, to October 17, 1935

I last saw him alive on October 16, 1935. Death is said to have occurred on the date stated above, at 3.50 A.m.

The principal cause of death and related causes of importance were as follows:

Arterial-Sclerotic Cardio-vascular disease — Cardiac hypertrophy & dilatation. Myocardial failure. — Date of onset 1915

Other contributory causes of importance:

Arteriolytic Streptococcal Septicemia. Benign Hypertrophy of Prostate.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Josiah A. Hunt M. D.
(Address) Maryland General Hospital

16843 F 16843

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1521 N. Bond St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR. No Record

2. FULL NAME James M. Ward
(a) Residence: No. 1521 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Johanna Ward
7. DATE OF BIRTH (month, day, year): May 17th 1872
AGE: Years 63 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bad. Ice Co
10. Date deceased last worked at this occupation (month and year): May 1932
11. Total time (years) spent in this occupation: 3
12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: Michael Ward
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Julia Sinnott
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Mrs Gladys Godwin
(Address): Dundalk Md
18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Oct 19th 1935
19. UNDERTAKER: Wm Bark
(Address): 1217 St Paul St

OCT 19 1935 Registered

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 17th, 1935
22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to Oct 17, 1935
I last saw ~~him~~ alive on Oct 17, 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 14 da. |
| | |
| | |
| | |
| Other contributory causes of importance: Carcinoma of Prostate | 2 yrs. |
| | |

Was an operation performed? Yes. Date of 1933
For what disease or injury? Carcinoma of Prostate
Name of operation: Radical Prostatectomy Date of 1933
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. C. Schaub, M. D.
(Address) 2939 Mc Clean Av

F 16844

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16844

## CERTIFICATE OF DEATH

95B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Conrad Reilly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1815 N. Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John M. Reilly

6. DATE OF BIRTH (month, day, year) 11/15/1863

7. AGE: Years 71; Months 11; Days 1; If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Joseph Conrad

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Boland

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Daughter

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Oct 19th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

Thompson Funeral Home

20. FILED OCT 19 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1935 to 10/16, 1935

I last saw her alive on 10/16, 1935 Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic heart disease | Typ+ |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G. Reyburn M. D.

(Address) Balto City Hosp

16845 HEALTH DEPARTMENT—CITY OF BALTIMORE 16845

# CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Louise Jones

(a) Residence: No. Little Sisters of the Poor St., 1200 Valley St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 31 March 1873

7. AGE — Years: 62 | Months: 7 | Days: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Hoffman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Pauline Ass. Supr.

(Address) 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 18 1935

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

FILED OCT 18 1935 19 Huntington Ind. Indiana, Nov

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1932 to Oct 17 1935

I last saw her alive on Oct 15th 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Nephritis | |
| Other contributory causes of importance | |
| Chr. Endocarditis | |
| Acute Selerosis | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Carter, M. D.

(Address) 1114 Park Ave

M. D. B. 1268-9

✓ F 16846

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16846

## CERTIFICATE OF DEATH

75 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 Laurens St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Davis

(a) Residence: No. 573 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Adele Davis

6. DATE OF BIRTH (month, day, year) Dec 25, 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grinder & Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Morton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Adele Davis

(Address) 573 Laurens

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date 10/19 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave.

20. Filed 19 Registrar.

D 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1935 to Oct 17 1935

I last saw him alive on Oct 14 1935. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Nephritis | ? |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopay? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Hagan Fin. M. D.

(Address) 1928 Pennsylvania Ave

Brunner ✓ F 16847

16847

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3109 Louise Court St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia In. Brunner

If U. S. Veteran specify WAR .....

(a) Residence: No. 3109 Louise Court St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Godfrey A. Brunner

DATE OF BIRTH (month, day, year) Sept. 20, 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Thomas Crekmore

14. BIRTHPLACE (city or town) Norfolk (State or country) Va.

15. MAIDEN NAME Kate Ellis

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Godfrey A. Brunner

(Address) 3109 Louise Court

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 10/19 19 35

19. UNDERTAKER Leonard J. Hyatt

(Address) 2705 Huntington Ave. Baltimore, Md.

FILED OCT 19 1935 19 ..... Huntington Pitcairn Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16-35 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to 10/16 1935

saw h.. alive on 10/16 1935. Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension (essential) | 1928 ? |
| Cerebral hemorrhage | 10/16/35 |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Theodore E. Stacy M. D.

(Address) 4012 Edmondson Ave.

F 16848 ✓ F 16848

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 Pinewood St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grazzia Cinigo

(a) Residence: No. 2928 Pinewood St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W. | Widow |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Cinigo

6. DATE OF BIRTH (month, day, year) Nov. 5-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 11 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore DeCola.

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Race Venezian
(Address) 2928 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date 10/21/35

19. UNDERTAKER Leonard J. Keogh
(Address) 5705 Harford Rd

20. FILED Huntington [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/35

22. I HEREBY CERTIFY, That I attended deceased from May 1935, 19, to Oct 17th, 1935

I last saw h[illegible] alive on Oct. 16th, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Pneum. | about 6 mo |
| Other contributory causes of importance: Interstitial Nephritis Chr. | 2 " |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Mental Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. E. Cragg, M. D.

(Address) 28 W. 25th St.

F 16849 ✓ F 16849

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 157-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Sessinger

(a) Residence: No. Mercy Hospital since birth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Infant |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mercy Hospital Baltimore, Md.

MOTHER FATHER

13. NAME James Clare Sessinger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sadie Marguerite Tepper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) 2 Hendrickson, Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 10/18/35 19

19. UNDERTAKER Leonard J. Rent
(Address) 5705 Wenfield Rd

20. FILED 19 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1935 to Oct. 16, 1935
I last saw her alive on Oct. 16, 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Meningitis following multiple congenital malformations — Date of onset: Beginning at Birth Oct. 13 1935

Other contributory causes of importance:
Deformity 7 bad bones of skull Spina Bifida — Cleft Palate — Harelip & Equinus Varus deformity (bilateral)

Was an operation performed? No Date of

For what disease or injury? None

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Meola M. D.

(Address) Mercy Hosp.

F 16850

F 16850

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Borseleis Foster

(a) Residence: No. 937 Leadenhall st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER FATHER

13. NAME Alec Foster

14. BIRTHPLACE (city or town) (State or country) South Caroline

15. MAIDEN NAME Maiden ??

16. BIRTHPLACE (city or town) (State or country) South Caroline

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 18, 19 35

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Fremont Ave Baltimore Md
Huntington Williams

OCT 18 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9, 19 35 to October 12, 19 35

I last saw h im alive on October 12, 19 35 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Jan. 1935 |
| Tuberculous Meningitis | Sept. 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospitals

F 16851 F 16851

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert W. Dixon

If U. S. Veteran specify WAR

(a) Residence: No. 1203 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Dixon

6. DATE OF BIRTH (month, day, year): July 28 [illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 23 | 2 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter 0.070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME Hampton Dixon

14. BIRTHPLACE (city or town) (State or country): Shadyside Md

15. MAIDEN NAME Laura Brouner

16. BIRTHPLACE (city or town) (State or country): Shadyside Md

17. INFORMANT Susie Dixon

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Shadyside, Md Date Oct 18, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N Schroeder St Huntington Pittsburgh, Pa

[illegible] 18 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15- 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11- 1935 to 10-15- 1935

I last saw him alive on 10-15- 1935. Death is said to have occurred on the date stated above, at 6 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Lobar Pneumonia (Primary) | 10 8 35 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Blue Compte M. D.

(Address) Provident Hosp.

M. D. B 1268-9

F 16852

F 16852 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. on boat S. S. Chi Norfolk St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lloyd

If U. S. Veteran specify WAR

(a) Residence: No. Glendale Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Nov 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 10 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

FATHER

13. NAME Augustus Lloyd

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MOTHER

15. MAIDEN NAME Sarah A. Middleton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daniel B. Lloyd.

(Address) Glendale Md

18. BURIAL, CREMATION, REMOVAL Undertaker

Place Glendale, Md. Date 10/19 19 35

19. UNDERTAKER Howard R. Tabler

(Address) Hyattsville, Md.

20. FILED 1935 19 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance: Chron myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright M. D. Coroner

(Address) 1610 S. Ellwood Ave.

16853 E 16853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ragsdale

(a) Residence: No. 524 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: Approx. 48 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary on 10/19 1935

19. UNDERTAKER: Robert F. Cordes
(Address) 201 N. Carey Lane St.

20. FILED 1935

OCT 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1935, to 10/15, 1935

I last saw him alive on 10/15, 1935. Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 14 days |
| Bronchopneumonia | 1 day |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reuter, M. D.

(Address) Balto City Hosp

F 16854

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16854

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Mahoney

(a) Residence: No. 93 W. Hollins St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of James Mahoney

6. DATE OF BIRTH (month, day, year) ? 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 80 yrs | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Kavanagh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Madden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Register Clerk
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 10/19/35

19. UNDERTAKER John F. Cowgill & Son
(Address) 901 Eastern Ave. Baltimore, Md.

19 1935 . 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1935, to 10-17, 1935

I last saw h.. alive on 10-17, 1935. Death is said to have occurred on the date stated above, at 5:00 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Coma | |
| Pneumonia | |
| | |
| Other contributory causes of importance: | |
| Senile Debility | 10-14-35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. Leyton M. D.

(Address) Mercy Hospital

F 16855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16855

120

Registered No. 15810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rabbi Abba Wells

(a) Residence: No. 4008 Pentwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor C. Wells

6. DATE OF BIRTH (month, day, year): Sept. 13, 1870

7. AGE: Years 65 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Emerson Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country): Williamsport Pa.

13. NAME: George Rusk Wells

MOTHER

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Elizabeth A. Lambert

16. BIRTHPLACE (city or town) (State or country): Balto - Md.

17. INFORMANT: Mrs Eleanor C. Wells

(Address) 4008 Pentwood Ave

18. BURIAL, CREMATION, OR REMOVAL: Oct 19 1935

Place: Greenmount Date: 19

19. UNDERTAKER: Wm Fleischer Sons

(Address) North & Eutaw Sts.

20. FILED: 19 Registrar.

OCT 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11- 1935 to 10-16 1935

I last saw h[illegible] alive on 10-16 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Ulcerations of Colon | |
| Other contributory causes of importance: | |
| Cardiac failure | |

Was an operation performed? Yes Date of 10-14-35

For what disease or injury? Ulcerated colon

Name of operation Colostomy Date of 10-14-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) Philip A. Dunlap M. D.

(Address) Md. Gen. Hosp

M. D. B 1268-9

F 16856

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16856

151-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Stockton St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Thomas

(a) Residence: No. 1318 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 13 1925

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 4 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elmer Thomas

14. BIRTHPLACE (city or town) (State or country) North Hunterstown Pa

MOTHER

15. MAIDEN NAME Mary Elizabeth Mooney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father 1318 Stockton St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Oct 18 1925

Undertaker Autumn Leaves

19. UNDERTAKER Bernard P. Krueger

(Address) 818 Eutaw Place

Hunterstown Pennsylvania

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1925

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 4 45 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart Lesion | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O Hamm M. D.
Coroner

(Address) 1215 Hanover

F 16857

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X437

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Saval

(a) Residence: No. 137 Clyde Ave - St., ..... Ward. Landsdown, Balt. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of Pauline Saval

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Philip Saval

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Philip Saval (Husb.)
(Address) 137 Clyde Ave, Lansdowne

18. BURIAL, CREMATION, OR REMOVAL
Place Holmes Woods Rd. Date 10-18- 1935

19. UNDERTAKER Jack Heyes Inc
(Address) 1439 E. Baltimore St. Hunting Ridge, Md.

Filed 8 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 18 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Oct. 18, 1935

I last saw him alive on 10 - 18, 1935. Death is said to have occurred on the date stated above, at 12:47 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumococcus meningitis | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Yes Date of 8-9-35

For what disease or injury? Prostatic Hypertrophy

Name of operation Prostatectomy Date of 8-9-35

What test confirmed diagnosis? clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. L. Labstein M. D.

(Address) Sinai Hospital

F 16858

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16858

## CERTIFICATE OF DEATH

✓161-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Braverman

(a) Residence: No. 164 S Jackson St St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Maurice Braverman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Jeanette Black

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Maurice Braverman

(Address) 164 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Wanderers Date Oct 18 1935

19. UNDERTAKER Lord Livingston Perr

(Address) 1127 E Baltimore St Huntington Avenue, Md.

OCT 18 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/35 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1935 to Oct 18 1935.

I last saw him alive on Oct 14 1935. Death is said to have occurred on the date stated above, at 3:04 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhagic Disease of Newborn | |
| 0 | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) Univ. Hosp.

16859 F 16859

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 22 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milford C. Francis.

(a) Residence: No. 800 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | Married. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year) 3/22/1859.

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Francis.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Eliz. Magee.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ft. Mc Date Oct 18, 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19... Registrar.

OCT 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1932 to 10/15, 1935

I last saw him alive on 10/15, 1935. Death is said to have occurred on the date stated above, at 11 1/2 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 36 hrs. |
| Arteriosclerosis. | " |
| | " |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

6860 F 16860

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-9-93-I

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Reese

(a) Residence: No. 1828 Lauman St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/6/50.

7. AGE: Years 80 | Months 4 | Days 7 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co, Md.

MOTHER FATHER

13. NAME Elex

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emeline

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Reuds Bell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 18, 1935

19. UNDERTAKER .....
(Address)

20. FILED Huntington Funeral Home
Registrar

OCT 1935 1803

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1933 to 10/13, 1935

I last saw him alive on 10/13, 1935. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 3 |
| Arteriosclerosis | 3 |
| Hypertension | 1 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

F 16861

16861

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-13

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Babe City Hospital St., 17 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Thomas

(a) Residence: No. 761 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write this word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sophia Thomas

6. DATE OF BIRTH (month, day, year) 9-20-1886

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Venus

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 18 19 35

19. UNDERTAKER
(Address)

20. FILED Oct 18 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1935 to 10-13 1935

I last saw him alive on 10-13 1935 Death is said to have occurred on the date stated above, at 8¹⁰ A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1 yr. ago. |
| | |
| | |

Other contributory causes of importance: Secondary Anemia 6 mos.

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Clinical + X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

F 16862

16862

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Boy Brown

(a) Residence: No. 1509 E. Fayette St. St., .....Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/15/35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or 15 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William Morris Brown

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Elizabeth Morris. Anna Cantlin

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet, Md. Date Oct 18? 1935

19. UNDERTAKER Undertaker Health.

(Address)

18 1935 Huntington Williams, Reg.

1935 Oct 18

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/ , 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/15/35, 19..., to 10/15/35, 19...

I last saw h.i.m. alive on 10/15/35, 19... Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 9/15/35 |
| Intra cranial hemorrhage | 9/15/35 |

Other contributory causes of importance:

Was an operation performed? No Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Irvin Rosenbaum Jr M. D.

(Address) Balto. City Hospitals

F 16863

16863

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 W. Rogers Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel F. Shipley

(a) Residence: No. 3804 W. Rogers Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine Nichols

6. DATE OF BIRTH (month, day, year) Sept. 8, 1847

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | 1 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Railway Mail Service

10. Date deceased last worked at this occupation (month and year) June 1920

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Upton Shipley

14. BIRTHPLACE (city or town) (State or country) ----- Md.

MOTHER

15. MAIDEN NAME Sarah Freecer

16. BIRTHPLACE (city or town) (State or country) ----- Md.

17. INFORMANT Mrs. Milton P. Lewis

(Address) 3804 W. Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Mt. Olivet Cem Date Oct. 21, 1935

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

OCT 18 1935

Huntington Williams Co

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1935 to Oct 17, 1935

I last saw h[illegible] alive on " , 19 . Death is said to have occurred on the date stated above, at 11:40 m. A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia-bronchs | Oct 14 |
| | |
| | |
| Other contributory causes of importance: | |
| Endocarditis | Ante |

Was an operation performed? No Date of over

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. E. Plumb M. D.

(Address) 1734 St. Paul St.

16864 HEALTH DEPARTMENT—CITY OF BALTIMORE 16864

# CERTIFICATE OF DEATH

Registered No. 170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward 19) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emmanuel Hall (Emanuel C. Hall) If U. S. Veteran specify WAR

(a) Residence: No. 344 S. Calhoun St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella C. Hall

6. DATE OF BIRTH (month, day, year) August 5, 1868 8/5/1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Bryant Hall

14. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

MOTHER

15. MAIDEN NAME Mary Jane Smith

16. BIRTHPLACE (city or town) (State or country) Alexandria Va.

17. INFORMANT Mrs. Ella C. Jennings Daughter

(Address) 344 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Oct. 19, 1935

19. UNDERTAKER Cook

(Address) 1003 W. Baltimore St.

FILED OCT 18 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1935, to 10/16, 1935

I last saw him alive on 10/16, 1935. Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Ulcerative Colitis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Kerton M. D.

(Address) Balto City Hosp.

F 16865

6865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1267 Battery Ave. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah H. Harwick,

(a) Residence: No. 1267 Battery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Harwick,

6. DATE OF BIRTH (month, day, year) April 9. 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Artaxerxes Hall,

14. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

15. MAIDEN NAME Susan Tall,

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs Sadie Mary Wolf

(Address) 1267 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date OCT 19 1935

19. UNDERTAKER Harry W. Eilen

(Address) 1944 W. North Ave.

OCT 18 1935 Huntington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 16 1935

22. I HEREBY CERTIFY, That I attended deceased from 6. 7. 34 19..... to 10. 16. 35 19.....

I last saw h-e alive on 10. 16. 35 19..... Death is said to have occurred on the date stated above, at 6-P. m.

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| Chronic Cardiac Enlargment | 3 Yrs |
| Other contributory causes of importance: | |
| Arterio sclerosis. | 5 Yrs |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St

H. D. B 1268-9

16866

F 16866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., V Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph O'Neill

(a) Residence: No. 2011 Bank St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Heesemann

7. DATE OF BIRTH (month, day, year): June 1, 1891

8. AGE: Years 44 | Months 10 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min. 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jersey City N. J.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Emma O'Neill

(Address) 2011 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlandia M. Park Date Oct. 19. 1935

19. UNDERTAKER: John G. Connelly

(Address) Eager & Madison Aves

FILED 18 1935 Huntington Fullerton M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lacerated Scalp | 10/15/35 |
| Fracture of Base of Skull | 10/15/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 10/15, 1935

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place E. Balto. St near Caroline

Manner of injury Fell on street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Chas B. Wallace M.D. Coroner

(Address) 1031 E. Fred St.

M. D. B. 1268-9

F 16867

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16867

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2000 Brentwert ave 25 St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie J. Bennett

(a) Residence: No. 2000 Brentwert Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced (or) WIFE of: William G.

6. DATE OF BIRTH (month, day, year): Oct 1, 1861

7. AGE: Years 74 | Months | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Jacob Edelen

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Laura Frysale

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Joseph D Bullock

(Address): 1940 Brentwert Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place: Mt Olivet Date: Oct 19, 1935

19. UNDERTAKER: Vernon Kechner

(Address): 230 Edmondson Ave

Filed ... 19... Registrar

OCT 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1933 to Oct 17, 1935

I last saw her alive on Oct 16, 1935. Death is said to have occurred on the date stated above, at 7-15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic valvula heart disease | yrs |
| Arterio Sclerosis | 4 |
| Other contributory causes of importance: Myocardial degeneration | 6 mos |

Name of operation: no Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. A. Kieffer M. D.

(Address) 2470 Wall Ave

F 16868

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16868

## CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Hollins St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luboria Catanzaro

(a) Residence: No. 530 Hollins St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Aug 3, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Marian Besedi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Tentaroon

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mariano Besedi
(Address) 608 S Pacaste

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 21, 1935

19. UNDERTAKER J. Vernon Beehner
(Address) 230 E Lexington St

Hunting Williams, 19 ..... Registrar.

FILED 10 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1921, 19..., to Oct. 17, 1935

I last saw her alive on Oct. 17, 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | 1933 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Chronic Fetid Bronchitis | 1916 |
| | |
| | |

Name of operation None Date of .....

What test confirmed diagnosis? Dyspnea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. N. Pegues M. D.

(Address) 1326 W. Lombard

M. D. B. 1268-9

F 16869 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16869

# CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 Washington Blvd St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Pius Adomaitis

(a) Residence: No. 637 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White. | Married |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence Rose Adomaitis

6. DATE OF BIRTH (month, day, year) ? 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor. 1080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Apparel

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) ?
(State or country) Lithuania

FATHER

13. NAME Stanley Adomaitis

14. BIRTHPLACE (city or town) ?
(State or country) Lithuania

MOTHER

15. MAIDEN NAME Gertrude Yankauskas

16. BIRTHPLACE (city or town) ?
(State or country) Lithuania

17. INFORMANT Florence Adomaitis
(Address) 637 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 19 1935

19. UNDERTAKER Chas B. Ruehrmund
(Address) 637 S. Carey St

20. FILED Oct 19 1935 Huntington Undertaking Co

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1935, to Oct 14 1935

I last saw h[illegible] alive on Oct 14 1935 Death is said to have occurred on the date stated above, at 10.30 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 10-10-35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1929 |
| Cerebral Hemorrhage | 1929 |
| Cerebral Hemorrhage | 10-7-35 |

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward F. Milan M. D.

(Address) 682 Washington Blvd

F 16870

16870 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** ✓ 349-92-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp St., 17 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Butler

(a) Residence: No. 604 Jasper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/21/1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Butler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Daisey Roberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 18 19 35

19. UNDERTAKER Communicable Hospital

(Address)

20. FILED OCT 18 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1935 to 10/12, 1935

I last saw him alive on 10/12, 1935 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 6 mo |
| Aortic insufficiency | 6 mo |
| | |

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reule, M. D.

(Address) Balto City Hosp

F 16871

16871 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** 34-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Gainey.

(a) Residence: No. 917 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1896.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39. | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Moses Ray.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lucy Minor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Oct 18, 1935

19. UNDERTAKER

(Address)

20. FILED

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/1935

22. I HEREBY CERTIFY, That I attended deceased from 8/8/1935 to 10/15/1935

I last saw her alive on 10/15/1935 Death is said to have occurred on the date stated above, at 5-10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 1 yr. |
| Arteriosclerosis | ? |
| Hypertension | ? |
| Other contributory causes of importance: | over |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

8 1935 1806

F 16872

16872 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

98

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Belair Rd 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Knight

(a) Residence: No. 3713 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Florence A Knight

6. DATE OF BIRTH (month, day, year) Sept 26 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 73 | 1 0 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (1961)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sergt (Police)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Knight

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Carter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Clifford L Knight

(Address) 2505 Poplar Drive

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 19, 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. DATE 18 1935 Huntington Millians MD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935 to Oct 14, 1935

I last saw h/m alive on Oct 14 1935. Death is said to have occurred on the date stated above, at 6.50 p m. → 10-16-35

The principal cause of death and related causes of importance were as follows:

arteriosclerosis — Date of onset

Other contributory causes of importance:

arteriosclerotic Gangrene of left leg

Was an operation performed? yes Date of 9-12-35

For what disease or injury? Arteriosclerosis Gangrene

Name of operation Amputation Rt mes thigh Date of 9-13-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gonzales M. D.

(Address) 1515 St Paul St

M. D. B 1268-9

✓ F 16873

F 16873 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 631

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital, Caton Ave & Wilkens Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr George Clubb

(a) Residence: No. 2077 E Lake Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | DIVORCED |

5a. If married, widowed, or divorced HUSBAND of / WIFE of: Anna Laura Clubb

6. DATE OF BIRTH (month, day, year): Aug 26 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 1 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George Clubb

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs Anna Johnson
(Address) 1859 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Oct 17, 1935

19. UNDERTAKER: John F Denny
(Address) 715 Light St

FILED OCT 18 1935 Huntington Ave Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/16/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1935 to October 16, 1935
I last saw him alive on October 16, 1935. Death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized arteriosclerosis | |
| Arteriosclerotic heart | ? |
| Lupus & congestive failure | |
| Chronic nephritis & | |
| nitrogen retention & uremia | ? |
| Other contributory causes of importance: | |
| Benign prostatic hypertrophy | ? |

Name of operation: Suprapubic Date of: Sept 5 1935
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas B Marsh, M. D.
(Address) St Agnes Hospital

M. D. B. 1268-9

F 16874

16874 HEALTH DEPARTMENT—CITY OF BALTIMORE

53 E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 14 Ward)

Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rt. Terence H. Beehan Mt Royal & Lafayette Ave

(a) Residence: No. Corpus Christi Rectory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 3- 1848

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 37 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Patrick Beehan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Connolly

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Maitland A. Beehan
(Address) Washington D.C

18. BURIAL, CREMATION, OR REMOVAL
Place New Bedford Mass Date Oct 19 35

19. UNDERTAKER Thos F. Kane & Son
(Address) 118 W Mt Royal Ave

FILED 1935 ... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1935 to October 16, 1935

I last saw him alive on October 16, 1935. Death is said to have occurred on the date stated above, at 4 00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Sarcoma thigh | |
| 2. Generalized metastases (to viscera & skeleton | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Spec.—9-30—A. & Co.—250 Bks.

16875

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 16875

## CERTIFICATE OF DEATH.

93-L

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Nicall ave. ST. 27 (WARD)

2-FULL NAME Molyneux J. Fisher

(a) RESIDENCE NO. 602 Nicall ave ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, ~~widowed, or divorced~~
HUSBAND of ~~last WIFE of~~ Ethel Mullen Fisher

6 DATE OF BIRTH (month, day, and year) March 3rd 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 67 | 7 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Building 0016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rockland Belgium

PARENTS

10 NAME OF FATHER Molyneux J Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizabeth Kearney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary M. Sinnott
(Address) 602 Nicall Ave

Filed 8 1935, 19 Huntington Williams, Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17th 35

17

I HEREBY CERTIFY, That I attended deceased from Oct 11th, 1935, to Oct 16th, 1935

that I last saw h in alive on Oct. 16th, 1935

and that death occurred, on the date stated above, at 8 30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease.

Tricuspid insufficiency - probably rheumatic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs.

(Signed) H.S. Chalfant M. D.

Oct 17 1935 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Savannah

DATE OF BURIAL 8/21 1935

20 UNDERTAKER J. J. Bakey Sons

ADDRESS 1318 Light St

M. D. B. 1268-9

✓ F 16876

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16876

## CERTIFICATE OF DEATH

48

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 n Dallas St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 1 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mattie Price

(a) Residence: No. 1519 n Dallas St., ....Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 45 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Cambridge

FATHER

13. NAME Lew Green

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Rosa Creese

16. BIRTHPLACE (city or town) (State or country) Dorchester

17. INFORMANT Ollie Allen

(Address) 1519 n Dallas

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Oct 21, 1935

19. UNDERTAKER Harry Vedder

(Address) 239 Hyde St Cambridge

Huntington Putnam Co W Va

Registrar.

OCT 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1935 to Oct 18 1935

I last saw h.. alive on Oct 18 1935 Death is said to have occurred on the date stated above, at 10 P ....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Uremia | Several months |

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Leo J Allen, M. D.

(Address) 50 Race St Cambridge

F 16877

16877

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Luzerne Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Lawson

(a) Residence: No. 204 N. Luzerne Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Lawson

6. DATE OF BIRTH (month, day, year) Aug 25-1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 82 | 1 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Lewis Long

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Ann E. Harrison

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Bessie M. Gomer

(Address) 204 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Com Date Oct. 19 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Pennsylvania Ave.

20. FILED 18 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Oct 17 1935

I last saw her alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| [illegible] | [illegible] |
| Acute Cardiac Dil | 3 days |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Interstitial Nephritis | Ago |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1 W. Eutaw St. Balto

M. D. F 1268-9

✓ F 16878

16878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Willenberg

(a) Residence: No. 2918 Bauernwood Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 17 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph F Willenberg

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Beach

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jos. Willenberg
(Address) 2918 Bauernwood Av

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Date 10/19 ..... 1935

19. UNDERTAKER [redacted]
(Address) 530 [redacted]

20. FILED 10/19/1935 [redacted] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1935 to October 16, 1935
I last saw him alive on October 16, 1935 Death is said to have occurred on the date stated above, at 10 20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Meningitis (type ? etiology undetermined) | |
| 2. Broncho-pneumonia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

16879 F 16879

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mills
If U. S. Veteran specify WAR No

(a) Residence: No. Crisfield, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Harman

6. DATE OF BIRTH (month, day, year) July 18, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinary seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 086

10. Date deceased last worked at this occupation (month and year) Feb. 12, 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snowhill Maryland

MOTHER FATHER

13. NAME Ed. Mills

14. BIRTHPLACE (city or town) (State or country) Snow hill Maryland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Snowhill Maryland

17. INFORMANT (Address) Records, U.S.Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary - Date 10-19-35.

19. UNDERTAKER Blendell & Humphreys. (Address) 928 N. Broadway

20. FILED Huntington Pallimore Registrar

OCT 9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1931 to October 15, 1935.
I last saw him alive on October 15, 1935. Death is said to have occurred on the date stated above, at 10:50 PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral thrombosis | Feb.1931 |
| Other contributory causes of importance: Tuberculosis, acute, broncho-pneumonic | 1 mo. |

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....
(Signed) T. M. H. Anderson. M. D.
(Address) U.S.Marine Hospital, Balto.

✓ F 16880

16880 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 Ethland Ave. St., 29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel Kennard Dill

(a) Residence: No. 4310 Ethland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Dill

6. DATE OF BIRTH (month, day, year) Jan. 25, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 52 | 8 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Starr Hoyt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ella Kennard

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John H. Dill
(Address) 4310 Ethland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 21, 1935

19. UNDERTAKER Henry W. Oehrs & Son
(Address) 805 N. Calvert St.

20. FILED 9 1935 Huntington Phillips, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to October 9, 1935

I last saw her alive on October 16, 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Indefinite |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. U. Hayden M. D.
(Address) 1216 N. Caroline St.

F 16881

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16881

92-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Old York Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary C. Sohl

(a) Residence: No. 3511 Old York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Sohl

6. DATE OF BIRTH (month, day, year) March 6 1894

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Lynch

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary C. Gillen

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mr. George Sohl

(Address) 3511 Old York Road

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Oct 21 1935

Place

19. UNDERTAKER Henry Hock Sons Inc.

(Address) 1301 E. Eager St

Huntington Pittsburgh Pa

Oct 9 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to October 18 1935

I last saw h.e.r. alive on October 18 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Stenosis with Insufficiency (Rheumatic) | 1924 |
| Other contributory causes of importance: Cardiac Hypertrophy & Dilatation | May 1934 |
| Anasarca | Oct 1935 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda

M. D. F. 1268-9

JEberle F 16882

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16882

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis J. Eberle

(a) Residence: No. 1729 Lamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen (Amendt.)

6. DATE OF BIRTH (month, day, year) 5/31/1874

| 7. AGE Years | Months | Days | If LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|
| 61 | 4 | 17 | X |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eng - School.

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dominick Eberle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ell (Doyle)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen Eberle

(Address) 1729 Lamont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 10/21/35

19. UNDERTAKER Leon J. Ruth Co.

(Address) 1726 Harlem Ave

19 1935 Huntington Dawson M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1935 to October 16, 1935

I last saw him alive on October 16, 1935 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Anemia - ulcerous | |
| 2. Chronic myocarditis | |
| 3. Chronic nephritis | |
| 4. Pulmonary embolism | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Maguelle, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1268-9

✓ F 16883

16883

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Robert. Ficher. If U. S. Veteran specify WAR .....

(a) Residence: No. 3413 E. Pratt St. St., .....Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18/35

| 7. AGE | Years | Months | Days | If LESS than 1 day 4 hrs. or .....min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robert Ficher

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Bucher.

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Robert. Ficher. (Father)
(Address) 3413 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Oct. 19/35

19. UNDERTAKER Tilly & Zyglon
for Edmonds

20. FILED Oct 19 1935 Huntington Pittsburgh Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1919 E. North Ave

F 16884

# 16884 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 810 S Rose street St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Poremski.

(a) Residence: No. 810 S Rose street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mathew Poremski

6. DATE OF BIRTH (month, day, year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Rosalia Poremski.
(Address) 810 S Rose street

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus. Date Oct 22. 1935

19. UNDERTAKER Leo J Weber
(Address) 705 S Arrow St Huntingdon Pennsa

20. FILED ..... 19 ..... Registrar.

OCT 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to October 18 1935

I last saw h.. alive on Oct. 18 1935. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic mitral regurgitation | unk |

Other contributory causes of importance:

Chronic rheumatism

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Frank Tannyhill M. D.
(Address) 2431 Fait Ave

M. D. B 1268-9

F 16885 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16885

## CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5318 Denmore Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Cooper.(C)

(a) Residence: No. 5318 Denmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widow. |

5a. If ~~married~~ widowed, of ~~this city~~
~~husband~~ (or) WIFE of Henry Cooper.(C)

6. DATE OF BIRTH (month, day, year) October 15, 1833

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 102 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Look on back. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama.

FATHER

13. NAME James Christian.(C)

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Delpn Goodlow.(C)

16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT James Cooper.(C) son.
(Address) 5318 Denmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 10-20- 1935

19. UNDERTAKER John M. Johnson
(Address) 1200 Division Ave.

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.05 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis. | |
| General debility. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto A. Reinhardt M. D.
Coroner

10/17/35 (Address) 1017 S. Charles St.

F 16886

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16886

93-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Gorman Ave. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma L. Starr

(a) Residence: No. 17 N. Gorman Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of John F Starr

6. DATE OF BIRTH (month, day, year) Dec. 4, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William H. Shepard

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Augusta Moffett

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Emma L. Starr

(Address) 17 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/21 1935

19. UNDERTAKER William Cook

(Address) 1617 St Paul St

Huntington Tennessee, N.E.

Registrar.

OCT 9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935 to Oct 17 1935

I last saw h alive on Oct 16 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Sclerosis | 8 |
| Hypertension | |
| | |
| Other contributory causes of importance: Hydrocephalus | 5 days ago |

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theda Kahn M. D.

(Address) 2145 N Balto St

F 16887

# 16887 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Rychwalski

(a) Residence: No. 1119 E Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent

6. DATE OF BIRTH (month, day, year) ± 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Andrew Chmielewski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct 21 1935

19. UNDERTAKER Fred W. Ozmanski

(Address) 1903 Lemmon St.

Huntington Pallbearer, M.D.

Registrar

20. FILED OCT 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28, 1935 to 10/18, 1935

I last saw her alive on 10/18, 1935 Death is said to have occurred on the date stated above, at 4a. m.

The prinripal cause of death and related causes of importance were as follows:

| | Duration between onset and death |
|---|---|
| Cerebral hemorrhage | 1 day. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 16888

16888 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
If U. S. Veteran specify WAR

2. FULL NAME Vincent Coombs.
(a) Residence: No. 914 Sharp St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Child. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug 3/1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 2 months | 0 2 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME William Lawson Coombs.
14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Pauline Lawson
16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Pauline Lawson
(Address) 914 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date 10/19 1935

19. UNDERTAKER Walter B. Sexton
(Address) 1 W. Mulberry St

Interment Mt. Auburn Cem. Balto. Md.
RH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/26/35, 19..., to 10/18/35, 19...
I last saw h[illegible] alive on 10/18/35, 19... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Malnutrition | |
| Upper Respiratory Infection | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) J Warren Albrittan M. D.
(Address) University Hosp.

F 16889

16889

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Josephine Quickley

(a) Residence: No. 1710 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of James Quickley

6. DATE OF BIRTH (month, day, year) Dec. 10, 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Green Spring Valley Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lizzie Sharp

16. BIRTHPLACE (city or town) (State or country) Green Spring Valley Maryland

17. INFORMANT Josephine Quickley
(Address) 1710 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Oct 19th 1935

19. UNDERTAKER Thos. Peter A. Elliott-Daughter
(Address) 1159 Carlton St.

20. FILED Oct 19 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936 to Oct 16, 1936

I last saw h.. alive on Oct 16, 1936 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | ? |
| Myocardial Degeneration | ? |
| Other contributory causes of importance: | |
| Senility | ? |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) A. L. Lafourt, M. D.

(Address) 1116 Myrtle Avenue

16890 HEALTH DEPARTMENT—CITY OF BALTIMORE E 16890

# CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4326 Glenmore Ave. St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mamie Haas,

(a) Residence: No. 4326 Glenmore Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of C. Otto Haas,

6. DATE OF BIRTH (month, day, year) January 4, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 9 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None W 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles J. Frank,

14. BIRTHPLACE (city or town) (State or country) Harrisburg Penna,

MOTHER

15. MAIDEN NAME Minnie Bleinberger,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT C. Otto Haas
(Address) 4326 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date OCT 21 1935

19. UNDERTAKER Harry N. E. Klaw
(Address) 1944 W. North Ave.

OCT 19 1935 Huntington Millington

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 18 1935

20. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to Oct 17 1935

I last saw h alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 7.30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cortico Steatosis | |
| | |
| | |
| | |
| Other contributory causes of importance: Phlebitis and Gangrene | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) good Young M. D.

(Address) 1819 St Paul St

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16891

## CERTIFICATE OF DEATH

Registered No. F 16891

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Christian

(a) Residence: No. 305 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | about 13 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Leo Agnew

(Address) 4905 Lotsford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/19 1935

19. UNDERTAKER Thos. Kane & Co

(Address) Baltimore Md

Registrar.

FILED 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave

F 16892 F 16892

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH University Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Redwood, Greene St., 21 Ward)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mildred E. Lopez

(a) Residence: No. 1150 Hard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon E. Lopez

6. DATE OF BIRTH (month, day, year) Sept. 30, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 20 | — | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Chas. E. Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Edith Wilkens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Minerva Edwards
(Address) 1150 Hard St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Cemetery Date Oct. 22, 1935

19. UNDERTAKER Greenleaf Inc.
(Address) Greenleaf, Md.

FILED OCT 20 1935 Huntington Pollard, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to October 19, 1935

I last saw him alive on October 19, 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Pneumococcus Septicemia | |
| Acute Purulent Pericarditis | |
| Multiple Milium Abscess | |

Other contributory causes of importance:
Rheumatic C.V. disease

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis Clinical & Lab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so specify .....

(Signed) H. M. Robinson Jr. M. D.

(Address) University Hospital

Spec.—7-17-26—A Co.—200 Bks.

F 16893

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16893

X 122-B

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Richard Richardson

(a) RESIDENCE NO. Rocks, Maryland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10 1930

| 7 AGE | Years | Months | Days | IF LESS than 1 day ___ hrs. or ___ min.. |
|---|---|---|---|---|
| | 5 | 2 | 9 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Millersville Pa.

(State or country)

PARENTS

10 NAME OF FATHER Clarence M Richardson

11 BIRTHPLACE OF FATHER (City or town) Rugby

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Gladys Reedy

13 BIRTHPLACE OF MOTHER (city or town) Rugby

(State or country) Virginia

14 Informant Clarence M Richardson

(Address) Rocks [redacted] Md

15 Filed 20 1935 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1935

October 19.

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to Oct 19, 19[illegible], that I last saw h[illegible] alive on Oct 19, 19[illegible], and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Marked's diverticulitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Rocks, Maryland

Did an operation precede death? Yes Date of Oct. 19, 1935

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harold N. Rose, M. D.

10-19 1935 (Address) Union Memorial

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jarrettsville Md — Date of Burial Oct 21 19[illegible]

20 UNDERTAKER E Hertz & Son — ADDRESS Jarrettsville Md.

very important. See instructions on back of certificates.

F 16894 F 16894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Lodden — If U. S. Veteran specify WAR

(a) Residence: No. 1615 N. Payson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Samuel

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Osidor Stein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Etha Stein

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Oscar Halpern
(Address): Edmondson City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Helen Rvendale Date: Oct 20, 1935

19. UNDERTAKER: Sol Levinson Bro
(Address): 1127 E Baltimore St.

20. FILED 1935 Registrar:

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935, to Oct 19, 1935

I last saw her alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | |
| Malignant Hypernephroma | |
| Cardiac Hypertrophy & Dilatation | |
| Cardiac Decompensation | |
| Other contributory causes of importance: | |
| Chronic Nephritis | |
| Uremia | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Lloyd P Roberts, M. D.

(Address) Sinai Hospital

F 16895

F 16895

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 119

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 423 W Baare St. 72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Irvin Epler

(a) Residence: No. 423 W. Baare St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 1 | 5 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none — child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Aaron Epler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Epler

(Address) 423 W Baare st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rimadale Date Oct 20 1935

19. UNDERTAKER Sol Levenson Bro

(Address) 1127 E Balto St

20. FILED OCT 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935, to Oct. 19, 1935.

I last saw h.. alive on Oct. 19, 1935 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral infected hydronephrosis | |
| Diarrhea (Infantile) | |
| Vomiting | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 5-21-35

For what disease or injury? Stenosis of Pelvical necks

Name of operation Excision of pelvical neck Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel J. Schwartz M. D.

(Address) Sinai Hospital

M. D. B. F 16896

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16896

## CERTIFICATE OF DEATH

164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Riggs Ave St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME AMELIA E. Carmela D'Amico

(a) Residence: No. 2817 Riggs Ave St., ... Ward.

(Usual place of abode)

If U. S. Veteran specify WAR ...

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 25 | | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexandro D'Amico

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Giuseppina Testa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Alexandro D'Amico

(Address) 2817 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Oct. 21 1935

19. UNDERTAKER Frank Weller & Bro

(Address) 52 N. Monroe st.

FILED OCT 29 1935 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to death on the day stated above. about 2 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidentally by Illuminating gas | |
| | |
| | |
| | |

Other contributory causes of importance: Mentally Deranged Temporarily

Was an operation performed? no Date of ...

For what disease or injury? none

Name of operation ... Date of ...

What test confirmed diagnosis? Inspection Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 17 1935

Where did injury occur? 2817 Riggs Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Illuminating gas

Nature of injury in closed garage

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C Hann Coroner, M. D.

(Address) 1219 Hanover

F 16897 F 16897

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Gray

If U. S. Veteran specify WAR

(a) Residence: No. 1037 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Waverly, Virginia

FATHER

13. NAME Mack R. Gray

14. BIRTHPLACE (city or town) (State or country) Surry Co., Va.

MOTHER

15. MAIDEN NAME Rosa Dowell

16. BIRTHPLACE (city or town) (State or country) Waverly Virginia

17. INFORMANT J. T. Hall

(Address) 1037 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Waverly Virginia Date 12/31/35 19

19. UNDERTAKER Mo. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

T 20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1935 to 10-19 1935

I last saw him alive on 10-19 1935 Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

Anemia from acute Metritis — Date of onset 10 Pr. 35

Other contributory causes of importance:

Myocardial failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Carlson M. D.

(Address) 1501 Eutaw Pl.

M. D. F 168-9 16898

F 16898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

112

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Lovington St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Hess

(a) Residence: No. 1506 Lovington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Hess

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Reitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Hess Kerr
(Address) 1506 Lovington

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 22 1935

19. UNDERTAKER Margaret G. Flynn
(Address) 1128 Light St

20. FILED ... Huntington, Indiana, Nov 1 1935
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Mch 21/35 to Oct 19/35 . 19

I last saw her alive on Oct 19/35 . 19 . Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Asthma | 3 yr 1935 |
| Other contributory causes of importance: Arteriosclerosis & Hypertension | |

Name of operation ... Date of ...

What test confirmed diagnosis? Atypical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Henry B. Coldwell M.D.

(Address) 1203 Eutaw M.D.

F 16899

F. D. F 16899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Baltimore St., Guilford Ave 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Clinton Smith

(a) Residence: No. Balto. Co. Towson, Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE)~~ Annie T. Smith

6. DATE OF BIRTH (month, day, year) Oct 12th 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 0 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10. Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George T. Smith

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Margaret A. Green

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Annie T. Smith
(Address) 1811 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Marie - Towson Md Date Oct 21st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED OCT 20 1935 Huntington Ave Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935 to Oct 18, 1935.
I last saw h~~er~~im alive on Oct 18, 1935 Death is said to have occurred on the date stated above, at 10.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/18 |
| Hypertensive Cardio Vascular Disease | ) ( |
| Other contributory causes of importance: | |

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton Lewin, M. D.

(Address) N. B. 4-11

F 16900 ✓ F 16900

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1817 E. Lafayette Ave Ward) 8
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norma S. Stevens

(a) Residence: No. 1817 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Charles E. Stevens

6. DATE OF BIRTH (month, day, year) April 17th 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Oct 12 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William F. Shaw

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah V. Rogers

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Roberta Baldwin
(Address) N. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 21st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Oct 23 1935 Huntington [illegible]
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Oct 19 1935

I last saw her alive on Oct 19 1935. Death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular Heart disease | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lamb Fisher M. D.

(Address) 1823 N. Mast St.

M. D. B. F-8 16901 F 16901

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospl St., 12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Virginia Cocke Webb

If U. S. Veteran specify WAR None

(a) Residence: No. Balls Co. Md. St., Ward Sudbrook Balls Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse L. Webb

6. DATE OF BIRTH (month, day, year) Jan 5 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 29 | 9 | 18 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) New Orleans La.

MOTHER

13. NAME Charles Pollard Cocke

FATHER

14. BIRTHPLACE (city or town) (State or country) Montgomery Alabama

MOTHER

15. MAIDEN NAME Frances Pollard

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT Mrs. Oscar Elliott (Son-in-law)

(Address) 2032 University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Oct 20 1935

19. UNDERTAKER Lewis Memorial Co.

(Address) 1051 W. Pratt Ave.

20. FILED Oct 20 1935 Herrington Tilbaum M. D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance:

Was an operation performed? Yes Date of 10/18/35

For what disease or injury? Fractured Skull

Name of operation Craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 10/18 1935

Where did injury occur? Rail Rds & Cross Co Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Collision between 2 automobiles

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gunter Jr M. D. Coroner

(Address) 542 Park Ave

M. D. B. 1268-9

F 16902

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary Hospital 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? 33 yrs. 3 mos. 13 ds.

2. FULL NAME Hayward Roche

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 6, 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 3 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garment Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Making Garments

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Charles Roche (Dead)

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Etta Morris

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Etta Sommers (Mother)

(Address) 28 Elder St Cumberland.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 31, 1935

19. UNDERTAKER Sterva & Wilmer Co.

(Address) 108 W North Ave.

20. FILED OCT 29 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 9th, 1935, to October 19th, 1935

I last saw him alive on October 19th, 1935. Death is said to have occurred on the date stated above, at 12.22 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 8-10-32 |

Other contributory causes of importance:

Laryngeal + Pharyngeal Tuberculosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John F Aulbury M. D.

(Address) 954 Forrest St

M. D. P. 1268

F 16903 Hawthorne F 16903

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. Broadway & Fairmount Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Hawthorne

(a) Residence: No. Greenway Apts St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, (widowed), or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Feb 16 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Calvert Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah Murray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Colin Stewart

(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Park Date 10/21/35

19. UNDERTAKER Edward M. Sonntag (Withdrawn)

(Address) 1084 Myrtle Ave

Huntington Funeral Home

T 26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Oct. 19, 1935

I last saw her alive on Oct. 19, 1935 Death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with Auricular Fibrillation | 1½ yrs. |
| Other contributory causes of importance: | |
| Broncho pneumonia | 1 day |
| Cerebral Embolus | 1 day |

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. P. Sellers, M. D.

(Address) The Church Home and Infirmary

M. D. F 16904 ✓ F 16904

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1412 N. Collington Ave. St., 8 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George J. Leimkuhler

(a) Residence: No. 1412 N. Collington Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E. Leimkuhler

6. DATE OF BIRTH (month, day, year) November 4 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 51 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathias M. Leimkuhler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ...

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary E. Leimkuhler
(Address) 1412 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Oct. 21 1935

19. UNDERTAKER Philip Herring & Co
(Address) 2016 Orleans St

20. FILED Oct 23 1935 Huntington Philadelphia Pa

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| f | |
| | |
| | |
| | |
| Other contributory causes of importance: Cardiac Failure | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Wheeler, Coroner, M. D.

(Address) 1919 E. North Ave

F 16905

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16905

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 16 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Kapidus

(a) Residence: No. 3513 Park Heights Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leah Kapidus

6. DATE OF BIRTH (month, day, year) 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Merchant 203rd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Kapidus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leah Kapidus

(Address) 3513 Park Heights

18. BURIAL, CREMATION, OR REMOVAL 10-20-35

Place Chev. Shalom Date ....., 19.....

19. UNDERTAKER Jack Louis Lee

(Address) 1739 E. Baltimore St

20. FILED 10-20-1535 Registrar Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1935, to Oct. 18, 1935

I last saw h/m alive on Oct. 18, 1935 Death is said to have occurred on the date stated above, at 12 M midnight

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Cardio-Vascular Disease | ? |
| Pulmonary Oedema (Decompensation) | 10/15/35 |
| Diabetes Mellitus | |
| Diabetic Gangrene, Left Big Toe | Oct. 5 (?) |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Earle D. Wilder, M. D.

(Address) Sinai Hospital

M. D. No. 12689

F 16906

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16906

## CERTIFICATE OF DEATH

54-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 25 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 36 yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Platt

(a) Residence: No. 2525 Morgan St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph Platt

6. DATE OF BIRTH (month, day, year) 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Duncan Brown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Clapps

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 10/20/35

19. UNDERTAKER Chas. Sons Co.
(Address) 1782 E. Baltimore St.

20. FILED OCT 20 1935 Huntington Thomas
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1935 to Oct. 19, 1935.

I last saw her alive on Oct. 19, 1935. Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Heart disease | 1922 |
| Acute dilatation of Heart | 10-19-35 |

Other contributory causes of importance:

| | |
|---|---|
| Uterine Fibroid | 1933 |
| Surgical shock. | 10-1935 |

Name of operation Hysterectomy Date of 10-19-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon Lekemeyer, M. D.

(Address) St Agnes Hosp.

F 16907 ✓ F 16907

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Appleby Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Brooks

If U. S. Veteran specify WAR None

(a) Residence: No. 1305 Appleby Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Brooks

6. DATE OF BIRTH (month, day, year): Nov. 17-1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | 11 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Isaac Dix

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca —

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Walter L. Dewell

(Address): 1305 Appleby Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct. 21-1935

19. UNDERTAKER: Horace H. Burgee

(Address): 3631 Falls Road

20. FILED 19

OCT 20 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1935 to Oct. 18, 1935

I last saw her alive on Oct. 18, 1935 Death is said to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| Myocarditis, Endocarditis | 1930 |

Other contributory causes of importance:

Senility, Exhaustion
Arteriosclerosis, Beginning Gangrene

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys. Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Martin M. D.

(Address) 4037 Falls Road

M. D. B. 268-9 F 16908 ✓ F 16908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 Bradley St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Smith If U. S. Veteran specify WAR

(a) Residence: No. 754 Bradley St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) March 6 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 42 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Summers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Walter (Address) 704 Druid St

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date Oct. 21, 1935

19. UNDERTAKER Mrs Kate R. Williams (Address) 322 S Schroeder St.

20. FILED Oct 20 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above, 7-9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Ham M. D. Coroner

(Address) 216 Hanover

F 16309 ✓ F 16309

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Scheller

(a) Residence: No. 1517 N. Patterson Pk. Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, ~~or Divorced~~ HUSBAND of (or ~~WIFE of~~) Ella.

6. DATE OF BIRTH (month, day, year) 11/5/1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Church Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Scheller

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Adler

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Daughter Mrs Brannan

(Address) 1208 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct. 21, 1935

19. UNDERTAKER Watson Seyfilling

(Address) 1022 E. Monument St.

FILED Oct 19 1935 Director of Vital Statistics

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/16, 1935 to 10/19, 1935

I last saw h~~im~~ alive on 10/14, 1935 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Senility | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

3021 F 16910 ✓ F 16910

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. Broadway Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Ellison

If U. S. Veteran specify WAR .....

(a) Residence: No. Charleston, S. C. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 4/4/88

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 6 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store 1004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME E. J. Ellison

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Sarah Crum

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Charleston S C Date 10/20/35 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore St

20. FILED OCT 22 1935 Huntington Undertaking Co

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-20 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 26, 19 35, to Oct-20, 19 35

I last saw h alive on Oct-20, 19 35 Death is said to have occurred on the date stated above, at 2 35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral embolus | 10/20/35 |
| Bacterial endocarditis | July 1935 |
| Pyelonephritis | 1934 |
| Carcinoma bladder. | 1933 |
| Other contributory causes of importance: | over |
| coronary embolus? | |
| aortic insufficiency | |

Was an operation performed? yes Date of 8/9/35

For what disease or injury? Pyelonephritis (Chronic)

Name of operation Nephrectomy, left Date of 8/9/35

What test confirmed diagnosis? section Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carl E Burkland M. D.

(Address) J. H. H.

F 16911

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16911

+ 46-D

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Clara M. Preston

If U. S. Veteran specify WAR .....

(a) Residence: No. White Hall, Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Preston

6. DATE OF BIRTH (month, day, year) Jan 29 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fawn Grove Pa

FATHER

13. NAME Michael Hunkle

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Shenberger

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT J. W. Preston

(Address) White Hall, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Date Oct 22, 1935

19. UNDERTAKER P. Mackelwee Son

(Address) White Hall, Md

20. Filed OCT 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1935, to 10-20, 1935

I last saw her alive on 10-20, 1935. Death is said to have occurred on the date stated above, at 11½ AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of rectum | |
| | |
| | |
| Other contributory causes of importance: | |
| Secondary hemorrhage | |

Was an operation performed? Yes Date of 10-4-35

For what disease or injury? Carcinoma of rectum

Name of operation Colostomy Date of 10-4-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Philip A. Insley, M. D.

(Address) Md. Gen. Hosp.

F 16912

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3429 Eastern Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Christine Beck.
If U. S. Veteran specify WAR .....

(a) Residence: No. 3429 Eastern Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Edward Beck.

6. DATE OF BIRTH (month, day, year) Oct. 9. 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Henry Frank.
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Katherine Valpt
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm Beck
(Address) 3429 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Oct 24 1935

19. UNDERTAKER Irving Hymanson
(Address) 52 S. Broadway

FILED OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1935 to Oct. 17 1935
I last saw her alive on Oct. 17 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Unknown |
| Other contributory causes of importance: Pulmonary Edema | 4 Days. |

Was an operation performed? No. Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry A. Kelly, M. D.
(Address) 2504 St. Paul St

F 16913

F 16913

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

1. PLACE OF DEATH Lyndenham Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Allen. — If U. S. Veteran specify WAR .....

(a) Residence: No. 1012 Madison Ave. St., ..... Ward. + (Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine Allen.

6. DATE OF BIRTH (month, day, year) Sept. 26, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 44 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Maryland.

FATHER

13. NAME Bob Allen

14. BIRTHPLACE (city or town) (State or country) Richmond. Va.

MOTHER

15. MAIDEN NAME Harriet Marsh.

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland.

17. INFORMANT Josephine Allen (Address) 1012 Madison Ave.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Mt Calvary Date 10/21 19 35

19. UNDERTAKER Wm. C. Jackson (Address) 1616 Pennsylvania Ave

OCT 21 1935 Huntington Baltimore Md.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935, to Oct. 20, 1935

I last saw h~~im~~ alive on Oct. 20, 1935. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | Oct. 15 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Duff Co., Jr. M. D.

(Address) Lyndenham Hospital

F 16914 F 16914

305 119

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis T. Witte

If U. S. Veteran specify WAR

(a) Residence: No. 1620 N. Gay St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-3-1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Witte

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Charlton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Oct 21, 1935

19. UNDERTAKER John Ulfert

(Address) 2008 Orleans St.

20. FILED ... Registrar.

21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935 to Oct 18, 1935

I last saw him alive on Oct 18, 1935. Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhoea, non-specific | 7 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hosp.

M. D. B 1268-9

F 16915

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16915

## CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 76 Ward)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allen S. Hagenbuch

(a) Residence: No. 410 S. Lehleigh St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hagenbuch

6. DATE OF BIRTH (month, day, year) Apr. 4, 1862.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 6 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Benjamin Hagenbuch

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 21, 1935

19. UNDERTAKER Geo. A. Fairley
(Address) 1800 N. Fulton St.

20. FILED OCT 21 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subdural Hemorrhage | 10/18/35 |
| Cerebral Concussion | |

Other contributory causes of importance:

Name of operation Exam. of Brain Date of 10/18/35

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/15, 1935

Where did injury occur? Tumbled Fell Balt. City (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry while at work

Manner of Injury Fell 12 ft. + struck head

Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured while at work

(Signed) Emma B. Wallace M. D.
Coroner

(Address) 10 St Paul St

M. D. B 1268-9

F 16916

F 16916 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1601 Linden Ave St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Felipa A. De Chavez

(a) Residence: No. 1601 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pedro De Chavez

6. DATE OF BIRTH (month, day, year): Feb 6 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mexico

FATHER

13. NAME: Marcelino Alfaro

14. BIRTHPLACE (city or town) (State or country): Mexico

MOTHER

15. MAIDEN NAME: Julita Montelongo

16. BIRTHPLACE (city or town) (State or country): Mexico

17. INFORMANT: Carlos A Baez

(Address): 1601 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Oct 21, 1935

19. UNDERTAKER: Albert W Berenguy

(Address): 440 E. Madison St.

Filed: 21 1935, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 19 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935, to Oct 19, 1935

I last saw h alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 10/19/35 |
| Contributory cause of importance: Chronic Bronchitis | ? |

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) W. H. Graham M. D.

(Address) 827 N. Chester St

Spec.—8-16-29—L. F. S.—100 Bks.

16917

16917

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 130

1—PLACE OF DEATH 506 N. Carey St

CITY OF BALTIMORE: (No.) Baltimore Md (ST.) 19 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Carter

(a) RESIDENCE NO 506 N. Carey St. WARD Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F-male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. L. A. Carter

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1887

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 11 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teaching

(b) General nature of industry, business, or establishment in which employed (or employer) 0068

(c) Name of employer Bd. of Education

9 BIRTHPLACE (city or town) Catonsville

(State or country) Md.

PARENTS

10 NAME OF FATHER James A. Johnson

11 BIRTHPLACE OF FATHER (city or town) Spotsylvania

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Howard

13 BIRTHPLACE OF MOTHER (city or town) Howard Co.

(State or country) Maryland

14 Informant Mrs. Jennie Johnson

(Address) Catonsville

15 Filed 2 1 1935, 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20-35

17 I HEREBY CERTIFY, That I attended deceased from 10-8-35, 19, to 10/20/35, 19,

that I last saw her alive on 10/20/35, 19

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(duration) yrs. 1 mos. 13 da.

CONTRIBUTORY (Secondary) Exposure

(duration) yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Barkedale M. D.

10/20/35 (Address) 526 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlis Chapel, Catonsville

DATE OF BURIAL 10/24/35

UNDERTAKER Wm. C. Brooks & Son

ADDRESS Govans, Md.

M. D. B 1268-9

F 16918

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16918

## CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Franklin Square Hospital ✓ Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Emmet Lafferty If U. S. Veteran specify WAR S. W. V.

(a) Residence: No. 2230 W. Fayette St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of Lillian (or) WIFE of Leonard Lafferty

6. DATE OF BIRTH (month, day, year) Oct 22 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 11 | 21 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B + O R'Ds. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Lafferty.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma C. Mullen

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT George B Mullen

(Address) 2230 W Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/21 1935

19. UNDERTAKER Robert Brooks Olson

(Address) Calhoun & Bolton Huntington Phillips, M.D.

OCT 21 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombus | 10/18/35 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 16919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16919

V 53-C

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N Robinson St., 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte Mae Cardwell

(a) Residence: No. 403 N Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): .....

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 27-1926

7. AGE: Years 9 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Leo Cardwell

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Charlotte Metzger

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Leo Cardwell
(Address) 403 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 22 1935

19. UNDERTAKER Jos J Stevenson & Son
(Address) 3001 Eutaw St

20. Dated Oct 24 1935, 19 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1935, to Oct. 19, 1935

I last saw her alive on Oct 18, 1935 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tumor of Brain (located in the Pons) | |
| first symptoms — | April 1935 |
| Other contributory causes of importance: | |
| | coma |

Name of operation none Date of .....

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lawson Wilkins, M. D.

(Address) 1014 St Paul St

F 16920

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16920

## CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Brehms Lane St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jerard E. Rolle

(a) Residence: No. 3605 Brehms Lane St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Helen Rolle

6. DATE OF BIRTH (month, day, year) January 30, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foundry Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Louis Rolle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Rolle

(Address) 3605 Brehms Lane.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Oct 23-35 19

19. UNDERTAKER Jos. J. Stevenson & Son

(Address) 3601 Kenyon Ave

20. FILED ..... 19 ..... Registrar.

21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 3 years |

Other contributory causes of importance: Coronary Thrombosis - Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Burl Shumpert, M. D.
Coroner

(Address) 1914 E. North Ave.

M. D. B. 1268-9

F 16921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16921

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 N Duncan St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Marshall

(a) Residence: No. 933 N Duncan St., Ward. Eastern Shore

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND (or) WIFE of: Margaret Marshall

6. DATE OF BIRTH (month, day, year): May 4-1856

7. AGE — Years: 79 | Months: 4 | Days: 17 | If LESS than 1 day.....hrs. or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Pokomoke City

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Eastern Shore

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Eastern Shore

17. INFORMANT: Margaret McGreevy

(Address) 1017 Fawn Castle

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Oct 21-35

19. UNDERTAKER: Jos. J. Stevenson & Son

(Address) 1000 Pennsylvania Ave

Filed: 21 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1935, 19..., to Oct 18, 1935

last saw h[illegible] alive on Oct 18-1935 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Failure | |

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rhenby M. D.

(Address) 1919 E. North Ave.

F 16922

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16922

## CERTIFICATE OF DEATH

51-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip T. Tomkins

(a) Residence: No. 1413 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) 3/9/1883.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 52 | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Tomkins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Perrin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/22/ 1935

19. UNDERTAKER Francis A Hemsley

(Address) 5788 W. Biddle St.

20. FILED OCT 21 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/17 1935 to 10/18 1935

I last saw him alive on 10/18 1935. Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

Hypernephroma — Date of onset 11 mos

uremia

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L Reitz M. D.

(Address) Balto City Hosp

F 16923

M.H.D. B 1263-5

F 16923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 78 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isaac Merenbloom

(a) Residence: No. 227 S. Eden St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jennie

6. DATE OF BIRTH (month, day, year) 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Phillip S. Merenbloom

(Address) 227 S Eden St

18. BURIAL, CREMATION, OR REMOVAL

Where? Herring Run Date 10/20/35. 19

19. UNDERTAKER Jack Levin Inc

(Address) 1739 E. Baltimore St

20. FILED 21 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/35. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1919 E. North Ave

F 16924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16924

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital. Registered No. 8

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Sidle

If U. S. Veteran specify WAR X

(a) Residence: No. Glen Burnie, Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Sidle

6. DATE OF BIRTH (month, day, year) Oct. 5, 1906.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 29 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carmel New Jersey.

FATHER

13. NAME Isaac Barr

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Marion Zutenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Sidle (Husband)

(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Cem Date 10/21/35 19

19. UNDERTAKER Jos. Louis Inc.

(Address) 1431 E. Baltimore St.

FILED OCT 21 1935 Registrar for Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1935, to Oct. 19, 1935

I last saw her alive on Oct. 19, 1935. Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Scarlet Fever | Oct. 13 |
| Streptococcus septicemia | Oct. 18 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr., M. D.

(Address) Sydenham Hospital.

F 16925

F 16925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 N Collington Ave. Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Wick

(a) Residence: No. 919 N Collington Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Wick.

6. DATE OF BIRTH (month, day, year) Mar 12th 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Wm Wick Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME M Lennon

16. BIRTHPLACE (city or town) (State or country) Pittsburgh

17. INFORMANT Miss Barbara Wick

(Address) 919 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 22" 1935

19. UNDERTAKER Geo M. Fairbairn

(Address) 811 N Eutaw St

Huntington Ave

OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to Oct 18 1935

I last saw h..... alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 9/28/35 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no ✓ If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Monument St

F 16926

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH 804 Carroll St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Williams

(a) Residence: No. 804 Carroll St., ..... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 86 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Odd

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Priston Edwards

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Julia Edwards

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Lillie Massey

(Address) 804 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 2, 1935

19. UNDERTAKER Archibald A. Geddes

(Address) 2101 McCulloh St.

20. FILED Oct 21 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1935 to Oct 18, 1935

I last saw her alive on Oct 18, 1935 Death is said to have occurred on the date stated above, at 320 m AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Toxemia | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. F. Thompkins M. D.

(Address) 501 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

16927 STATE OF MARYLAND—CERTIFICATE OF DEATH 16927

1. PLACE OF DEATH City of Baltimore ✓ 107-a

County ..... Registration Dist. No. .....

Village or City Baltimore No. 4 St., ..... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James W. Brooks

(a) Residence: No. ~~11~~ 1135 Fillmore St. Ward. X

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 6 - 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME William A. Brooks

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Pearl M Still

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

17. INFORMANT Naomi Monks
(Address) 93 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Oct 21 - 35

19. UNDERTAKER Kendall E. Humphreys
(Address) 501 N. Broadway

20. FILED ..... 19.....

12130

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 19th 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to Oct 19, 1935

I last saw h... alive on Oct 19, 1935; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns - Pulmonary | |
| | |
| | |
| | |
| | |

Other Contributory Causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gustave A. Pfeiffer M. D.

(Address) 6801 Eden Ter.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 16928

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16928

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 1514 Division St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Funderburk — If U. S. Veteran specify WAR .....

(a) Residence: No. 133 York St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | married |

5a. If married, widowed, or divorced (or) WIFE of Sampl Funderburk

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME George Haywood

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Ella Green

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Sampl Funderburk
(Address) 133 York St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 10/21/35 19

19. UNDERTAKER Isaiah Brown & Son
(Address) 108 W Montgomery St

Huntington Williams M.D.
Registrar.

21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-9 . 1935 to 10-18 . 1935

I last saw her alive on 10-18 . 1935. Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension Cardiac Disease | |
| Renal Disease | |

Was an operation performed? Autopsy Date of 10-16-35

For what disease or injury? .....

Name of operation ..... Date of 10-16-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. T. Harris M. D.
(Address) Provident Hospital

M. D. B 1268-9

F 16929

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16929

## CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Markley Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Albert Rebbel

(a) Residence: No. 2902 Markley Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ L. Grace Rebbel

6. DATE OF BIRTH (month, day, year) December 2, 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0014

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis a Rebbel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Bechtold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT L. Grace Rebbel
(Address) 2902 Markley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Oct 22 1935

19. UNDERTAKER Mr. Mrs. John N. Teufel & Son
(Address) 501 N. Fayette St. Huntington Williams, M.D.

20. FILED ..... 19 ..... Registrar

21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound of brain. | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Oct 18. 1935

Where did injury occur? 2902 Markley Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Shot himself with a rifle.

Nature of injury Bullet wound of head.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Ribenker, M. D.
Coroner

(Address) 1919 E. North Ave.

F 16930

F 16930

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR Spanish

2. FULL NAME Jos. J. Rinkevicz

(a) Residence: No. 808 Hollins St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rinkevicz

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1850

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Jean Rinkevicz

(Address) 808 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/23/ 19 35

19. UNDERTAKER Chas. P. Kuchauskas

(Address) 637 S. Paca St

20. FILED [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 N. Howard

M. of B. No. F 16931

F 16931

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-w

1. PLACE OF DEATH Washington Apts

Registered No.

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Agnes McNamara

(a) Residence: No. Washington Apts St., Charles St. & Mt. Vernon Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 63 | | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md

FATHER

13. NAME Henry McNamara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane McNamara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mollie Doyle

(Address) 941 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Govans Date Oct 22 1930

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) N. Calvert & Cathedral Sts

20. FILED Oct 23 1930 Washington Postmaster, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1930

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1930 to Oct 20 1930

I last saw her alive on Oct 20 1930 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 20 |
| Other contributory causes of importance: | |
| Arterial hypertension | many yrs. |

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Jenkins Burial Co M. D.

(Address) 806 Cathedral St

M. D. F. 9 F 16932

F 16932

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stevenson

(a) Residence: No. 1006 Brentwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day 18 hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Stevenson

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Eva Serain

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Stevenson
(Address) 1006 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Oct 21/35 19

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Fremont Ave

20. FILED ... 19 ... Registrar.

21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-19-35, 19..., to 10-20-35, 19...

I last saw h.. alive on 10-20 35, 19... Death is said to have occurred on the date stated above, at 6 40 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dalton Wintridge, Jr. M. D.
(Address) Johns Hopkins Hospital

(Instructions on back of certificate.)

M. D. B. 1268-B

F 16933

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16933

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Magdalena. Durborow

(a) Residence: No. 1110 W. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Durborow

6. DATE OF BIRTH (month, day, year) March 5th 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 1037

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph. Smith.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Eva. Hahn (Daughter)

(Address) 1110 N. Cross St

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 10/23 1935

19. UNDERTAKER Bernard C Hasle

(Address) 1010 S Paca St

20. FILED 10/21 1935 Thurlington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Wright M. D.

Coroner

(Address) 1010 S. Edward St

M. D. B. F 16934

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16934

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Kelbourne Ave 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Kathryn Brandt.

(a) Residence: No. 309 Franklintown Rd. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Brandt.

6. DATE OF BIRTH (month, day, year) Jan. 10 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 23 | 9 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Harry Calloway

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia A. Hoffman

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Harry C. Brandt

(Address) 309 S Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct. 23. 1935

19. UNDERTAKER Wm Mistyer Sons

(Address) North & Fayette

20. FILED OCT 21 1935 Huntington Pollard, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/14/35 1930 to 10/21 1930

I last saw her alive on 10/21 1935 Death is said to have occurred on the date stated above, at 1-5 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Lobar Pneumonia. | 10/16/35 |
| Other contributory causes of importance: Osteomyelitis of Rt. Leg. | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

M. D. F 16935

F 16935 ✓ F 16935

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 622 Aisquith St. St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME John Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 622 Aisquith St. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| — | 3 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northwestern Police Station
(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date Oct 21, 19

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED [illegible] Registrar.

F 1935
1809 THE MORGUE

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Enteritis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Broncho pneumonia | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1712 E. North Ave.

Observation is very important. See instructions on back of certificate.

M. D. F 1268-9

F 16936 HEALTH DEPARTMENT—CITY OF BALTIMORE F 16936

# CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 48 Market Place St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Jr Draper

(a) Residence: No. 48 Market Place St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 21, 1935

19. UNDERTAKER .....
(Address)

FILED Oct 21 1935 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/15/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm B Walker M. D.
Coroner

(Address) 1031 St Paul St

16937 F 16937

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-9-107-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 15 N. Dallas St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia.

6. DATE OF BIRTH (month, day, year) 12/25/1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 9 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $0.74

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Porto Rico

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) P. R.

MOTHER

15. MAIDEN NAME Sarah Southland

16. BIRTHPLACE (city or town) (State or country) P. R.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univers. of Md. Date Oct 21, 1935

19. UNDERTAKER .....
(Address)

OCT 21 1935, 19..... Registrar.

1811

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 10/14, 1935

I last saw h[illegible] alive on 10/14, 1935 Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |
| Other contributory causes of importance: Paralysis agitans | ? |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

Instructions on back of certificate.

16938 F 16938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 4A-323

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLIE SMITH.

If U. S. Veteran specify WAR .....

(a) Residence: No. 755 W FRANKLIN. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | BLACK. | SINGLE. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COOK. 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. UNKNOWN

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) UNK TENN.

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 21, 1935

19. UNDERTAKER .....
(Address)

20. FILED OCT 21 1935, 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 10-15, 1935

I last saw him alive on 10-15, 1935. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| PULMONARY TB. | |
| TUBERCULOUS PERITONITIS | |
| (PLASTIC) | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Paracentesis. Date of 10-3-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Cornbrooks Jr, M. D.

(Address) Univ. Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

✓ F 16939

16939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-a

## CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Carey ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Brown

(a) RESIDENCE NO. 216 N Carey ST., ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | BLK | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 19, 1935

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 0000

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) maryland

PARENTS

10 NAME OF FATHER LeRoy Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) maryland

12 MAIDEN NAME OF MOTHER Emma Lanford

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) maryland

14 Informant Emma Brown
(Address) 216 N. Carey

15 Filed ..... 19..... ..... Registrar

OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1935, to Oct. 19, 1935, that I last saw him alive on Oct. 19, 1935, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY —
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Frank W. Peyton, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Oct 21 1935

20 UNDERTAKER

ADDRESS

Commissioner of Health

M. D. B. 1268-9

16940 F 16940

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Powhatan Ave St., 15 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Father

(a) Residence: No. 3503 Powhatan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Father

6. DATE OF BIRTH (month, day, year) Oct 19-1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | X | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Dept.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) (State or country) Hillsville Va.

FATHER

13. NAME Wm O Father

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME — Gant

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. F. Father
(Address) 3503 Powhatan Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Oct 23rd 1935

19. UNDERTAKER Leland Bates & Sons
(Address) 1323 N. Charles St.

Huntington Feltmann & Co.

OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1935 to October 20 1935

I last saw him alive on October 19 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, Stomach | Aug 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of —

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. H. Strohmeier M. D.

(Address) 5 East Read St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

16941 ✓ F 16941

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkins & Caton Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Theresa E. Gahan

(a) Residence: No. 524 Lyndhurst St., Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Joseph S. Gahan

6. DATE OF BIRTH (month, day, year) Oct 22 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Wm. McNasby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. H. Gahan
(Address) 2901 Haverford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date Oct 22, 1935

19. UNDERTAKER Harry N. Nitzke
(Address) 4101 Edmondson Ave

Huntington Millwork Co

OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-15-35, 19..., to 10-19-35, 19...

I last saw her alive on October 19, 1935 Death is said to have occurred on the date stated above, at 5:41 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cd. disease | |
| Bronchopneumonia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Bollard Clark M. D.

(Address) St. Agnes Hospital

Instructions on back of certificate is very important. See

16942 F 16942

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eminent Hospital 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] yrs. 6 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George M. Christle

(a) Residence: No. Glenwood Ave near Edmondson Ave Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Christle

6. DATE OF BIRTH (month, day, year) Sept 18-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Dyestuff Co.

10. Date deceased last worked at this occupation (month and year) 10-5-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander Va

FATHER

13. NAME William Christle

14. BIRTHPLACE (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (State or country) Unknown

17. INFORMANT Carrie Christle (Address) Glenwood Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Westview Cem Date Oct. 23 1935

19. UNDERTAKER Chas Prague Son (Address) 118 W Mt Royal Ave

FILED 21 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11-35, 19..., to 10-20-35, 19...

I last saw him alive on 10-20-35 19... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 10-1-35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Eminent Hospital

F 16943

16943

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William H. Stewart

(a) Residence: No. 100 Willis St., Cambridge, Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 1 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 9-21-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nancock, Maryland

FATHER

13. NAME John Stewart
14. BIRTHPLACE (city or town) (State or country) Nancock Md.

MOTHER

15. MAIDEN NAME Mary Messick
16. BIRTHPLACE (city or town) (State or country) Nancock Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Oct 21 1935

19. UNDERTAKER E. S. LeCompte
(Address) Cambridge Md

20. FILED OCT 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1935, to October 20, 1935
I last saw him alive on October 20, 1935 Death is said to have occurred on the date stated above, at 10:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertrophy of prostate with retention | 1930 |
| Other contributory causes of importance: Uremia, acute | 10-19-1935 |

Was an operation performed? yes Date of Oct. 18, 1935
For what disease or injury? Hypertrophy of prostate
Name of operation Prostatectomy superpubic Date of 10-18
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. H. Anderson, M. D.
(Address) U.S. Marine Hospital, Baltimore

F 16944

M. D. B 1268-9

16944

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Orchard St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Christina Purdy

(a) Residence: No. 415 Orchard St., Ward. Murfreesboro NC

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 71 | 7 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Murfreesboro, N.C.

FATHER

13. NAME Mark Vaughn

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha (Unknown)

16. BIRTHPLACE (State or country) N.C.

17. INFORMANT Mary Chamberlain

(Address) 410 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL. Murfreesboro NC Date 10/23 1935

19. UNDERTAKER Leonard P. Hensley

(Address) 811 Druid Hill Ave.

20. FILED 12 for Murfreesboro NC 1935

OCT 21 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ..... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ???

If so, specify

(Signed) G. Hamm M. D.

Coroner

(Address) 210 Hanover

Sec. 12 of Ordinance approved June 4, 1915, requires that all the questions on this certificate shall be answered fully and accurately, so far as the same may be known to the informant. See instructions on back of certificate.

M. D. B 1268-9

F 16945

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16945

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Weber St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Daughter of: Mr. & Mrs. Thos. J. Lobus

(a) Residence: No. 120 Weber St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | — | — | — | 5 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas J. Lobus

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Eutha M. Benson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. Thos. J. Lobus
(Address) 120 Weber St.

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Oct 21, 19 35

19. UNDERTAKER [illegible]
(Address)

21 1935 Huntington Phillipsburg, N.J. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935, to Oct. 21, 1935.

I last saw HER alive on Oct. 20, 1935. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth (7 months) | |
| Other contributory causes of importance: | |
| Exhaustion | |

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

10/21/35 (Signed) R. L. Campover M. D.
(Address) 1644 Hanover St.

Spec.—9-30—A. & Co.—250 Bks

Mrs Nada Vivian Hyatt ✓ F 16946

F 16946

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

117-a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 731 W. North Ave St. 14 WARD)

2-FULL NAME Mrs. Nada Vivian Hyatt.

(a) RESIDENCE NO. 731 W. North ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 6 mos ds. How long in U. S., if of foreign birth? 23 yrs 6 Born in N.Y.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| female | white | Married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edwin O. Hyatt.

6 DATE OF BIRTH (month, day, and year) March 2-93

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | 7 | 17 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Edwin O. Hyatt
(Address) 731 W. North Ave.

15 Filed ..... 19 ..... Registrar

21 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19-1935

17

I HEREBY CERTIFY, That I attended deceased from about Aug. 1st, 19 35 to Oct. 19 19 35

that I last saw her alive on Oct. 19th 19 35

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy, with left-sided paralysis.

(duration) 0 yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary) Peptic Ulcer

(duration) ..... yrs. 6 mos. 7 ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Only usual symptoms

(Signed) O. H. Hoffman, M. D.

10-19-1935 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Loudon Pk. DATE OF BURIAL 10/22 1935

20 UNDERTAKER Martin Fahey Sons ADDRESS 1827 E. Fayette

(Over)

FOR INSTRUCTIONS AS TO FILLING OUT THIS CERTIFICATE, SEE REVERSE SIDE. IT IS VERY IMPORTANT. See instructions on back of certificates.

M. D. P. 1268-9

F 16947

# 16947 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

Registered No. .....

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry W. Thompson

(a) Residence: No. 1616 Riggs ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 15, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter $0.50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Elijah Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary R. Suter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary R. Thompson
(Address) 1616 Riggs St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date Oct. 23 1935

19. UNDERTAKER George W. Zubler
(Address) 737 E. Eager St.

20. FILED ... 19... Registrar.

21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935 to October 20, 1935
I last saw him alive on October 20, 1935 Death is said to have occurred on the date stated above, at 12 10 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Tumor - upper lobe rt. lung. | ? |
| 2. Pneumonia | ? 1935 |
| 3. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

16948 F 16948

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Dudley Ave. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn J. Roeseke

If U. S. Veteran specify WAR .....

(a) Residence: No. 3404 Dudley Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 15, 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 8 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Roeseke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Shauck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen Roeseke

(Address) 3404 Dudley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 22d, 1935

19. UNDERTAKER George W. Dribben

(Address) 1737 E. Eager St.

20. FILED Oct 21 1935 Washington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935, to Oct 19, 1935

I last saw h[illegible] alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 10/18/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Septic Throat | 3-4 days |

Was an operation performed? no. Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Walter C Bacon M. D.

(Address) 100 E 20

F 16949

395 131

16949

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-E

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Benton

(a) Residence: No. 709 S Curley St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) Dec 4 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 37 | 9 10 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Otto Ratsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Smyzer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Oct 24 1935

19. UNDERTAKER George W. Zirkler & Egerton (Address) 1737 E Eager St

21 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1935 to Oct 20 1935

I last saw her alive on Oct 20 1935 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suppurative Salpingitis | Dec 1934 |
| | 10-19-35 |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | 1930. |

Was an operation performed? Yes Date of 10-18-35.

For what disease or injury? Myoma of Uterus.

Name of operation Resection-Endothelioma Date of 10-18-35

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wesley J. Keetz M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

16950

F 16950

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Marshall St. St., 23 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Wolf

(a) Residence: No. 1506 Marshall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wolf

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O R. R. 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME John Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Rollman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Campbell

(Address) 1506 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 10-22 1935

19. UNDERTAKER J. Fus McCully

(Address) 130 E. Fort Ave.

Oct 21 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20 35

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to Oct. 20 1935

I last saw him alive on Oct. 20 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | Apr. 1935 |

Other contributory causes of importance:

Chr. Bright's Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. E. Nelson M. D.

(Address) 3 W. Biddle St.

2814 & 2815 Huntingdon

16951 F 16951

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2814 Huntingdon St. Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Lovely

(a) Residence: No. 2814 Huntingdon St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucke Lovely

6. DATE OF BIRTH (month, day, year) June 3-1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ulysses Kosciusko

FATHER

13. NAME Josiah Lee

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Gantz

16. BIRTHPLACE (city or town) (State or country) Pinetown

17. INFORMANT Lee H Lovely

(Address) 3107 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL

Place Md Line Ave Mt Olivet Date 10/22 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

21 1935 ..... 19.. ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20-35

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935 to Oct 20th, 1935

I last saw h.. alive on Oct 20th, 1935 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis. | 10 yrs |
| Chr. Interstitial nephritis | 2 yrs |
| Cerebral Hemorrhage | 10-18-35 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Cross, M. D.

(Address) 28 W 25th St.

M. D. B 1268-9

F 16952

# F 16952 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Joseph Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Leroy Amesbach Jr

If U. S. Veteran specify WAR

(a) Residence: No. 3503 E Hoffman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 10 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Leroy Amesbach Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Byrnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs L Amesbach Sr

(Address) 3503 E Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 28rd 1935

19. UNDERTAKER Leo G. Crook

(Address) 1703 N Patterson Park Ave

Huntington Williams, Md

20. 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracs Skull | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 10/18/35

Where did injury occur? 1400 Block Milton Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Pedestrian side of Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Bailey Coffee M. D.

Coroner

(Address) 1617 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16953

16953

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Edmondson Ave St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen D Lette

(a) Residence: No. 3007 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Lette

6. DATE OF BIRTH (month, day, year) 1-1-1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Kirkwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen A Kirkwood

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward Miller

(Address) 3007 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Oct 13 1935

19. UNDERTAKER Leo S Cook

(Address) 1203 N Patterson Park Ave Huntington Pottsville, Pa

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-35

22. I HEREBY CERTIFY, That I attended deceased from 8-19 1935 to 10-19 1935

I last saw her alive on 10-19 1935 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration | 2 days |
| Other contributory causes of importance: | |
| Acute Glomerular Nephritis | 2 mos |

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of Injury 19

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of Injury NO

Nature of Injury NO

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify NO

(Signed) David Miller M. D.

(Address) 1702 N Broadway

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. F. 1268 F 16954

F 16954

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR ...

2. FULL NAME James Hughes

(a) Residence: No. 421 N. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —?

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alexander Hughes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lula Neal

(Address) 421 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 10/22/35

19. UNDERTAKER Milton Dodd

(Address) 1624 E. Monument St

20. FILED 10/22/1935 Henrietta Pinkney Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1st 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Central apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 12658 F 16955

F 16955

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH West Baltimore General Hospital ✓ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Calvin Ruth Jr.

(a) Residence: No. 924 N. Fulton ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Calvin Ruth Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Varina

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Varina
(Address) 924 N. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Park Date Oct. 23 1935

19. UNDERTAKER F. B. Herbert & Son
(Address) 1300 Eutaw Place

OCT 22 1935 Huntington Avenue

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. 9-20 a.m.

The principal cause of death and related causes of importance were as follows:

Shock from fall and Fracture of R. Femur
Fracture of Left Forearm,
possibly Internal injuries

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? Visual inspection. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of Injury Oct. 18 1935

Where did injury occur? 924 N. Fulton ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. or off back porch

Manner of injury Fell down back

Nature of injury Fracture of femur, forearm & possible fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Oram M. D.
Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F268-9 16956

F 16956

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Clark

(a) Residence: No. 824 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lucreas Speights

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Joseph Clark
(Address) 824 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Newington Date 10/22/ 1935

19. UNDERTAKER John J. Conway & Son
(Address) Fayette & Collins Sts.

20. FILED OCT 22 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 35

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1935 to Oct. 20 1935

I last saw her alive on Oct. 20 1935 Death is said to have occurred on the date stated above, at 7.35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Undetermined | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. A. Sedlacek, M. D.

(Address) Bon Secour Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 16957

3049 F 16957

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., Mt. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reginald Sterling

If U. S. Veteran specify WAR .....

(a) Residence: No. Crisfield Md St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/1/03

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 30 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME W. F. Sterling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Agnes Riggins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Friends JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Crisfield Md Date Oct 24th, 1935

19. UNDERTAKER S. S. Lawson & Son (Address) Crisfield Md

Washington Ave Pallbearers

OCT 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1935, to Oct 21, 1935

I last saw him alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary infarcts | 10/13/35 |
| Pneumonia, bilateral | 10/19/35 |
| Pulmonary tbc, left | 1930 |
| Renal tbc, left | 1935 |
| Other contributory causes of importance: | |
| Phrenic nerve block, left | 1935 |
| Nephrectomy, left | 10/10/35 |

Was an operation performed? yes Date of 10/10/35

For what disease or injury? Renal tbc

Name of operation nephrectomy, left Date of 10/10/35

What test confirmed diagnosis? path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Sheppard M. D.

(Address) Johns Hopkins Hosp

F 16958

3047 44

F 16958

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry W. Davis

(a) Residence: No. ..... Federalsburg St., ..... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara

6. DATE OF BIRTH (month, day, year) 1-28-69

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James H Davis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Federalsburg Md Date Oct 24 1935

19. UNDERTAKER J. G. Frampton & Son

(Address) Federalsburg Md

20. FILED OCT 25 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1935, to Oct 21, 1935

I last saw h~~im~~ alive on Oct 21, 1935 Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 10-11-35 |
| Other contributory causes of importance: Chronic fibroid pulmonary tuberculosis | |

Was an operation performed? NW Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? .....

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NW If so, specify .....

(Signed) A H Richardson M. D.

(Address) Johns Hopkins Hosp.

M. D. B 1268-9.

16959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 16959

## CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 23 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver Greenleaf Hornberger If U. S. Veteran specify WAR .....

(a) Residence: No. 1517 Clarkson St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Emma H.

6. DATE OF BIRTH (month, day, year) July 24/83

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rotogravure & Stamping Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lysander Hornberger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Thirdanna Kyle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Grace M. Hornberger (sister-in-law)
(Address) 4212 Sibley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Upper Falls Road Date 10/24/ 1935

19. UNDERTAKER John F. Deary
(Address) 1 Eutaw St.

20. FILED OCT 22 1935 Harrington Phillips, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by the autopsy find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Lobar pneumonia from | |
| (b) Tuberculosis | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 16960

M. H. 12 F 16960

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., BALTIMORE, MD. 10 Ward)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Monahan

(a) Residence: No. 1111 Wilcox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Monahan

6. DATE OF BIRTH (month, day, year) Jan 16, 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 yrs | 9 | 5-4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 037

10. Date deceased last worked at this occupation (month and year) 10/1/35

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Frank Eden

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Hinchliffe

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs. John E. Monahan
(Address) 1111 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct 23, 1935

19. UNDERTAKER Edward W. Conklin
(Address) 524 Eager St Balto

FILED OCT 22 1935 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1935 to October 20, 1935

I last saw her alive on October 20, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Diabetes mellitus | |
| 2. Rheumatic heart disease. | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16961 F 16961

## CERTIFICATE OF DEATH

186-a

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md. General Hospital (Street or Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Lowe

(a) Residence: No. 866 Whitmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 5 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. Frank D. Webb

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME James Lowe

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Amanda J. Charles

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Michael Lowe
2402 Poplar Drive - Larchmont

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 23rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

OCT 22 1935

19..... Registered.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4 a.m. ~~p.m.~~

The principal cause of death and related causes of importance were as follows: 12

| | Date of onset |
|---|---|
| Fracture of Lumbar Vertebra | |
| Bronchial Pneumonia | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 20 1935

Where did injury occur? In home of friend in Reston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home of friend

Manner of injury Slipped on rug & fell

Nature of injury Fracture of 1st Lumbar Vertebra

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Hann Coroner M. D.

(Address) 216 Hanover

16962 E 16962

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Riggs Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew J. Block

(a) Residence: No. 1934 Riggs Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M Block

6. DATE OF BIRTH (month, day, year): Jan 31. 1861

7. AGE — Years: 74 15 | Months: 8 | Days: 19 35 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Walter J. Schlehart Son 1934 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 10/23 1935

19. UNDERTAKER (Address): William Cooke 1219 St Paul St

20. FILED Oct 24 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1935 to Oct 20 1935

I last saw him alive on Oct 19 1935 Death is said to have occurred on the date stated above, at 6:25 AM

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: Oct 19

Other contributory causes of importance:

Coronary Sclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Kearney M. D.

(Address) 1201 N Patterson Park

OCCUPATION is very important. See instructions on back of certificate.

F 16963

F 16963

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Winkler

(a) Residence: No. 2918 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret Winkler

6. DATE OF BIRTH (month, day, year) Jan 31-1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Winkler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Wills

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 24 1935

19. UNDERTAKER Tillet Zaiser & Mix

(Address) 405 E. Lexington St.

FILED OCT 22 1935 Thomas J. Hennessy Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-22-1935 to 10-21-1935

I last saw him alive on 10-21-1935 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rectum | Unknown |
| Other contributory causes of importance: Secondary Anemia | 6 months |

Was an operation performed? Yes Date of May 1934

For what disease or injury? Ca of Rectum

Name of operation Colostomy Date of May 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 16964

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16964

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Saint Knoch.

(a) Residence: No. 2735 Eyleuan Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 18, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or 5 min. |
|---|---|---|---|---|
| — | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Lawrence Henry Knoch.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Evelyn Cleaver.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Lawrence Henry Knoch.
(Address) Above.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Gen. Hosp Date 10-18-35

19. UNDERTAKER
(Address)

20. FILED OCT 22 1935 Baltimore, Md. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1935, to October 18, 1935

I last saw her alive on Oct 18, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other contributory causes of importance: Congenital maldevelopment of the kidneys | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Bargaby M. D.

(Address) Maryland General Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 16965

F 16965

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Springdale Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Appleteini

If U. S. Veteran specify WAR

(a) Residence: No. 4007 Springdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bella

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ephrian Appleteen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B. S. Appleteini
(Address) 4007 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Memory Park Date 10/23/35

19. UNDERTAKER Joseph Levy Sons
(Address) 1439 E. Baltimore

20. FILED OCT 22 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-9- , 1935, to ~~Sept~~ Oct-21- , 1935

I last saw ~~him~~ alive on Oct-21- , 1935. Death is said to have occurred on the date stated above, at 11 10 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | about |
| arterio-sclerosis | Jan-1933 |
| Other contributory causes of importance: | |
| Cerebral hemorrhage | 10/20/35 |

Was an operation performed? none Date of —

For what disease or injury? none

Name of operation. — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 16966

M. D. R. 1935

16966

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Beecher.

(a) Residence: No. 1304 Cox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower. |

5a. If married, widowed or divorced HUSBAND (or) WIFE of Late Laura Beecher.

6. DATE OF BIRTH (month, day, year) Sept 6, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 1 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General .0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Eli Beecher.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Baker.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Fannie Houck.
(Address) 1304 Cox St.

18. BURIAL, CREMATION, OR REMOVAL
Date Oct 23, 1935

Baltimore

19. UNDERTAKER Chenoweth Son.
(Address) 1517 Chestnut Ave.

OCT 22 1935

20. FILED Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h alive on Oct 20, 1935 Death is said to have occurred on the date stated above, at 1220 P/m

The principal cause of death and related causes of importance were as follows:

Fracture of Skull — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury Oct 19, 1935

Where did injury occur? In Road at Cold Spring (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fell off Back of State Truck

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Julius Bruton Coroner, M. D.

(Address) 1117 W. Lexington St.

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

F 16967 F 16967

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

82-W

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 851 Harlem St 16 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida M. Ashkiah

(a) RESIDENCE NO. 851 Harlem Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 61 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William A Ashkiah

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 61 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 10 37

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Anthony Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Gadsden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Alberta Whiting
(Address): 851 Harlem Ave

15 [illegible] 1935 Huntington & Mulligan Undertakers Registrar

22 1935

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 19, 1935

17

I HEREBY CERTIFY, That I attended deceased from October 12 1935 to October 19 1935

that I last saw h[illegible] alive on October 19 1935

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) Unknown yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Woodland M. D.

1935 (Address) 871 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 10/22 1935

20 UNDERTAKER: Saml. W. Grace & Son — ADDRESS: 638 N. Gilmor

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

M. B. B. 16968 F 16968

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3522 Belvedere Ave St., 27 (Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 24 yrs. mos. ds.

2. FULL NAME Douglas K. Haddaway

(a) Residence: No. 3522 Belvedere Ave. St., Ward. World War Vet.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Spitznagel Had

6. DATE OF BIRTH (month, day, year) Nov. 20, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 43 | 10 11 | 28 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hat Finnisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Straw Hat Factory

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Talbott County Md.

FATHER

13. NAME Hugh Haddaway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sally M. Kirby

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Josephine Haddaway

(Address) 3522 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/23/35

19. UNDERTAKER Verna Lemmon

(Address) 4611 Park Heights Ave.

20. FILED OCT 22 1935 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/1935 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 19 35 to Oct 20 19 35

I last saw him alive on Oct 20 19 35 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Charles J. Miller M. D.

(Address) 1210 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

ACC-521-1937

16969

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16969

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N Strieker St., 16 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Moore

(a) Residence: No. 1125 N Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Linwood Moore

6. DATE OF BIRTH (month, day, year) Jan 28, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 33 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Le Roy Davis

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER

15. MAIDEN NAME Fannie Austin

16. BIRTHPLACE (city or town) (State or country) Petersburg Va

17. INFORMANT Linwood Moore

(Address) 1125 N Strieker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg, Va Date Oct 22, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED OCT 22 1935 Registrar. Petersburg, Va.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935 to Oct 19, 1935

I last saw her alive on Oct 17, 1935 death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uteri | 10 mos |

Other contributory causes of importance:

Name of operation 7 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Howell M. D.

(Address) 601 E Lanvale Balto Md

OCCUPATION is very important. See instructions on back of certificate. Enter statement of

F 16970

# F 16970 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Conkling & Claremont Ave. 26 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Frank W. Robb.

(a) Residence: No. Conkling & Claremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sophia Vogel Robb

6. DATE OF BIRTH (month, day, year) Nov. 27, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 44 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wenzel Robb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT (Address) Mrs. Sophia Robb Conkling and Claremont

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 22 1935

19. UNDERTAKER (Address) John G. Connelly Essex, Md.

Huntington Williams, M.D.

Registrar

OCT 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Oct 19 1935

I last saw h... alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 12 15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pul. Tuberculosis | 1932 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arnold J. Rhoads M. D.

(Address) 350 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 16971

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16971

## CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Lydenham Hospital. 8 Registered No.

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME McKinley Redd, Jr. If U. S. Veteran specify WAR ....

(a) Residence: No. 1225 Chatham St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME McKinley Redd.

14. BIRTHPLACE (city or town) (State or country) Smithville Virginia

MOTHER

15. MAIDEN NAME Ella Woodson

16. BIRTHPLACE (city or town) (State or country) Farmville Virginia

17. INFORMANT McKinley Redd

(Address) 1225 Chatham Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Oct 22nd, 1935

19. UNDERTAKER Mrs. Robert A. Elliott - daughter

(Address) 1129 Carswell St.

Huntington Williams, MD

Registrar

22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1935, to Oct. 20, 1935

I last saw h[illegible] alive on Oct. 20, 1935. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Erysipelas, neck, head, arms (idiopathic) | Oct. 12 |

Other contributory causes of importance:

Was an operation performed? No. Date of ....

For what disease or injury? ....

Name of operation ... Date of ....

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ....

(Signed) Wm. C. Stifler, Jr. M. D.

(Address) Lydenham Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16972

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16972

164a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Jefferson St. St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Elmer Zhebar

If U. S. Veteran specify WAR .....

(a) Residence: No. 1715 Jefferson St St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 17 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 44 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Henry Zhebar

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine altwater

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Catherine ~~Zhebar~~ Zhebar

(Address) 1715 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Oct 28nd, 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) 1411 Lanvale St Huntington Undertaking Co

20. FILED OCT 22 1935, 19 .....

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning (Illuminating Gas) | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 20, 1935

Where did injury occur? 1715 Jefferson St. Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Illuminating Gas tube in mouth

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1912 E. Monument

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

F 16973

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16973

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Shackelford

(a) Residence: No. Chadford Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed,~~ or ~~Divorced~~. (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 81 82 | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington (State or country) North Carolina

FATHER

13. NAME James Shackelford

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME L. R. Hunt

16. BIRTHPLACE (city or town) North Carolina (State or country)

17. INFORMANT Mr. N. T. Shackelford

(Address) Lore Court Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington N.C. Date Oct 22 1935

19. UNDERTAKER W. Hutchinson Sons Co

(Address) Eutaw & Lexington Sts

Oct 22 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Shock, Acute Jaundice | |
| Cholecystitis | autopsy |
| Cholelithiasis | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Diabetes Mellitus | |

Name of operation Date of

What test confirmed diagnosis? Clinical Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Ham, M. D. Coroner

(Address) 121 E Hamburg

See instructions on back of certificate.

✓ F 16974

F 16974

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Felton

If U. S. Veteran specify WAR

(a) Residence: No. 1042 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — 1597

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Maria Morris

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Sister

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date Oct. 24 1935

19. UNDERTAKER James A. Hayes

(Address) 142 Huntington Ave. Huntington Hollow, Md.

Registrar.

22 1935

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1935 to 10/19, 1935

I last saw him alive on 10/19, 1935. Death is said to have occurred on the date stated above, at 2 15 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 6 days |
| Cerebral Hemorrhage | " |
| Arteriosclerosis | " |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-A

F 16975 ✓ F 16975

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5512 Hilltop Ave., Raspeburg St., 27th Ward) Baltimore, Md.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Conrad Kothe

(a) Residence: No. 5512 Hilltop Ave., Balto., Md. St., 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Tate

6. DATE OF BIRTH (month, day, year) May 19, 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 78 | 5 | / | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker-45yrs. (Retired) 1003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Messinger in office 11 yrs. (Retired-5yrs.)

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Fred Godfrey Kothe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Kahler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. William C. Kothe

(Address) 5512 Hilltop Ave., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct 23/35 19..

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St.

20. FILED ..... 19.....

T 22 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935 to Oct. 20, 1935

I last saw him alive on Oct. 20, 1935. Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis | 1900 |
| Chronic Nephritis | 1920 |
| Chronic Endocarditis & Myocarditis | 1920 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Rd., Balto., Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

16976

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Williams

(a) Residence: No. 1117 Pennsylvania ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 32 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Mance Williams

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 22 . 19 35

19. UNDERTAKER Bernstein Bros.

(Address)

FILED . 19 Registrar.

OCT 22 1935

Funeral from Williams, N.St

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 . 1935 to Oct. 5 . 1935

I last saw him alive on Oct. 15 . 1935 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Aug. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin . M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 16977

16977

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 7W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jones.

If U. S. Veteran specify WAR

(a) Residence: No. 128 N. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/19/1858.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 22 1935

19. UNDERTAKER [illegible] Baltimore Health
(Address)

[illegible] Huntington Ave Williamsport Md
Registrar.

OCT 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21 1935 to 10/20 1935

I last saw him alive on 10/20 1935. Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 10 hrs |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

16978

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 16978

159

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1304 Fillmore ST., 24 WARD)

2—FULL NAME Arthur Miller Jr

(a) RESIDENCE NO. 1304 Fillmore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Oct 20 1935

| 7 AGE | Years | Months | Days | If LESS than 1 day 3 hrs. or min. |
|---|---|---|---|---|
| | | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant dead

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baby md
(State or country)

PARENTS

10 NAME OF FATHER Arthur E. Miller

11 BIRTHPLACE OF FATHER (city or town) Wheeling W. Va.
(State or country)

12 MAIDEN NAME OF MOTHER Nellie Lee Freeman

13 BIRTHPLACE OF MOTHER (city or town) Cumberland Md
(State or country)

14 Informant Mrs Nellie Miller

(Address) 1304 Fillmore St

15 [illegible] 15 Huntington Williams, M.D. Registrar

OCT 22 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/20/1935

17

I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935, to Oct 20, 1935, that I last saw h[illegible] alive on Oct 20, 1935 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. 5 hrs

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. B. Wheeler, M. D.

10/20, 1935 (Address) 1279 Fillmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| State Board | 19 |
| C. W. G. Rohrer M.D. | ADDRESS |
| 20 UNDERTAKER | |
| Commissioner Health | |

Important. See instructions on back of certificates.

E 16979

16979

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathryn Hoyer

If U. S. Veteran specify WAR

(a) Residence: No. 2419 Annapolis Road St., 25 Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| white | Female | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Hoyer

6. DATE OF BIRTH (month, day, year) 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Drohan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo W. Hoyer

(Address) 2419 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 24th 1935

19. UNDERTAKER A. J. Jones

(Address) 111 S. Gilmor St.

FILED Oct 22 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1935, to 10/21, 1935

I last saw h.e.r. alive on 10/20/35, 19. Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cholecystitis | |
| Cholelithiasis | from history 5 Months |

Other contributory causes of importance:

Coronary Thrombosis

Was an operation performed? Yes Date of 10/18/35

For what disease or injury? Cholecystitis & Lithiasis

Name of operation Cholecystectomy Date of 10/18/35

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H C Hull M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 16980 ✓ F 16980

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Vragoloff — If U. S. Veteran specify WAR .....

(a) Residence: No. 1529 Bunday St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Vragoloff

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Matilda Goode

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Friend — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Oct 22 1935

19. UNDERTAKER [illegible] (Address)

F 22 1935 [illegible]

1818

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1935 to Oct 15 1935

I last saw him alive on Oct 15 1935 Death is said to have occurred on the date stated above, at 5 P M m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate. Exact statement of [illegible] may be properly classified.

M. D. F 1268-9

E 16981

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

E 16981

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Hayes (Prim B)

(a) Residence: No. 736 Cumberland St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME William Hayes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arrie Cobb

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Oct 22 1935

19. UNDERTAKER [illegible]
(Address)

[illegible] 22 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-8-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-35 , 19 , to 10-8-35 , 19

I last saw h[illegible] alive on 10-8-35 , 19 . Death is said to have occurred on the date stated above, at 5:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity. | |
| Secondary anemia | |
| Upper Respiratory infection | 10-4 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John Whitridge, Jr. M. D.

(Address) Johns Hopkins Hospital

1618

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16982

301990

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Palmer

If U. S. Veteran specify WAR None

(a) Residence: No. 1723 Maccubbin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-20-07

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 3 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Palmer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Oct 22 1935

19. UNDERTAKER Commissioner Health.
(Address)

FILED Rev. Wm. E. Woodall
Assistant Registrar
OCT 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, to Oct 14, 1935

Must saw him alive on Oct 14, 1935. Death is said to have occurred on the date stated above, at 7-P m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs, enema, left kidney, adrenal, prostate, seminal vesicles. — Date of onset 7-35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Sadusk Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 16983

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16983

## CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Leverage

If U. S. Veteran specify WAR.

(a) Residence: No. Church Hill, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| About 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME Nathaniel Leverage

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Adelaide Le Mott

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Md Date Oct 25 1935

19. UNDERTAKER Wm J Tuckson Sons

(Address) North St

Huntington Pennsylvania

OCT 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1935 to Oct. 22, 1935

I last saw h alive on Oct. 22, 1935 Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Duration of each |
|---|---|
| Bronchiectasis | Jan. 35 |
| Lobar Pneumonia | 10-16-35 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of —

What test confirmed diagnosis? Bronchoscopic exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Stuart W. Fow M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

16984 F 16984

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 Eutaw Place St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Bouldin Lyeth

If U. S. Veteran specify WAR

(a) Residence: No. 1324 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | 4 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Owen Bouldin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Boyer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Miss Ida May Lyeth

(Address) 1324 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 24, 1935

19. UNDERTAKER Robt H. Cook

(Address) 1003 W. Baltimore St.

20. FILED OCT 22 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct - 22, 1935

I last saw her alive on Oct. 21, 1935. Death is said to have occurred on the date stated above, at 11.25A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis Colonis | 7 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Bronchio-Pneumonia | 5 dys |

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Bishop, M. D.

(Address) 12 E. 25th St.

OCCUPATION is very important. See instructions on back of certificate.

F 16985 F 16985

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S. Lehigh St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Edwin Francis Cosgrove

(a) Residence: No. 520 S. Lehigh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma M. (Roman)

6. DATE OF BIRTH (month, day, year) Sept. 25-1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 42 | 0 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethl. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1086

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Cosgrove

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary V. Sullem

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Emma M. Cosgrove

(Address) 520 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 10/25/35 19

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

Huntington Williams

20. FILED T 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1935

22. I HEREBY CERTIFY—That I attended deceased from Oct 14, 1935 to Oct 22, 1935

I last saw h... alive on Oct 22 1935 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date at onset |
|---|---|
| Diabetes Mellitus | 9 |
| Other contributory causes of importance: Diabetic Coma | 6 Days |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward J. Levi M. D.

(Address) 4137 Wordington

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 16986

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16986

## CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Johnston

(a) Residence: No. 2222 E. Chase St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 21 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME David Johnston

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Agatha Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Agatha Johnston

(Address) 2543 West Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Oct. 23 1935

19. UNDERTAKER Louis Eyber

(Address) 1600 E. Monument Ave.

OCT 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935 to Oct. 21, 1935

I last saw him alive on Oct. 21, 1935 Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningo-encephalitis | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Lucas M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 16987

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 16987

## CERTIFICATE OF DEATH

X √ 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Jenkins

If U. S. Veteran specify WAR X

(a) Residence: No. Woodstock Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) april 19th, 1933

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 2 | yrs. 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) woodstock maryland

FATHER

13. NAME David Jenkins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Willie MacDaniels

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT David Jenkins

(Address) Woodstock Md

18. BURIAL, CREMATION, OR REMOVAL

Place Granite Md Date 10-24 19 35

19. UNDERTAKER H. Hagenbuch & Sons

(Address) Ellicott City

20. FILED . 19 Registrar

OCT 23 1935

Huntington Avenue

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1935

22. I HEREBY CERTIFY, That I attended deceased from oct. 16, 1935 to oct 23, 1935

I last saw her alive on oct 22, 1935. Death is said to have occurred on the date stated above, at 4.35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| septic sore throat | 9 days |
| cervical adenitis | unk |
| round worm infection | unk |
| Paralytic ileus, putrile peritonitis | unk |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V S 3

Spec.—6-9-19—H. P. Co.—1000 Bks.

16988

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16988

V 48

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4004 N Rodgers (St.) Hav (Ward) 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Justine Cooley Haunerty

(a) RESIDENCE. (No.) 4004 N Rogers Av (Ward.)

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs — mos. ds. How long in U. S., if of foreign birth? yrs mos ds

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Widow. |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 23/59

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | | 28 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home. 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Philipp Schwind

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mckenna.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) John G Cooley 4004 N Rogers Av

15 Filed . 19 Registrar

OCT 23 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21 1935

17 I HEREBY CERTIFY, That I attended deceased from May, 1935, to Oct, 1935, that I last saw h.cr alive on Oct 21, 1935, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Generalized carcinomatosis of abdomen

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of uterus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Polinsky M. D.

. 19 (Address) 4710 Liberty Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Med Cathedral — DATE OF BURIAL: 10/24 1935

20 UNDERTAKER: Mary A Gaulkroy — ADDRESS: 2939 E. Rogers Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1123 16989 F 16989

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kuningunda Stoecker

If U. S. Veteran specify WAR

(a) Residence: No. 1405 N. Broadway Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl.

6. DATE OF BIRTH (month, day, year) 9th/4/1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 ~~63~~ | 1 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria

FATHER

13. NAME Johonnes ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Albert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter in law

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 24, 1935

19. UNDERTAKER John Uffrit

(Address) 2008 Eutaw St.

20. FILED 19 Register No.

OCT 23 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1935 to 10/21, 1935

I last saw h[illegible] alive on 10/21, 1935 Death is said to have occurred on the date stated above, at 10-25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Arteriosclerosis | ? |
| Hypertension. | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reyle, M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16990 F 16990

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 44 Warrenton Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Joseph Colt Bloodgood

If U. S. Veteran specify WAR

(a) Residence: No. 44 Warrenton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Holt

6. DATE OF BIRTH (month, day, year) November 1, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milwaukee (State or country) Wis.

FATHER

13. NAME Francis B. Bloodgood

14. BIRTHPLACE (city or town) Albany (State or country) N. Y.

MOTHER

15. MAIDEN NAME Josephine Colt

16. BIRTHPLACE (city or town) Albany (State or country) N. Y.

17. INFORMANT Mrs. Edith Holt Bloodgood

(Address) 44 Warrenton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Oct. 23, 1935

Prince Geo. County, Md.

19. UNDERTAKER John Mitchell & Son

(Address) 1900 Madison Ave. Walter B. Mitchell

20. FUR[illegible] Huntington [illegible]

OCT 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. , 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to Oct 22, 1935

I last saw h[illegible] alive on Oct 22, 1935. Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Coronary Thrombosis | Oct 20 |
| | |
| | |
| | |

Other contributory causes of importance:

Cardiac Hypertension

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gayle Swan M. D.

(Address) 3301 N Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 16991

30 40

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 16991

36

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacqueline Bellafiore

If U. S. Veteran specify WAR

(a) Residence: No. 813 Wilmot St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/6/26

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 8 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jack Bellafiore

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Accili

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10-24-35

19. UNDERTAKER Wendell B Humphreys
(Address) 1601 N Broadway

FILED OCT 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1935 to Oct 21, 1935

I last saw her alive on Oct-21, 1935. Death is said to have occurred on the date stated above, at 1 14 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicemia (Staphylococcus) | 9-14-35 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. K. Nace, M. D.

(Address) Harriet ... Home
Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 16932

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5332 Liberty Heights Ave St., 25 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mac Cubbin (nee Moore)

(a) Residence: No. 5332 Liberty Heights Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel J. Mac Cubbin

6. DATE OF BIRTH (month, day, year) April 25th 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Cicero Moore

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elenor Williams

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lucile Mac Cubbin

(Address) 5332 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/24/35

19. UNDERTAKER H. C. Wilson & Son

(Address) 2503 Edmondson Ave

20. FILED OCT 22 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Oct, 1935

I last saw her alive on Oct 21, 1935 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of liver | May 35 |

Other contributory causes of importance:

Cholecystitis & hepatitis

Name of operation Cholecystotomy Date of

What test confirmed diagnosis Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. J. Polyniec, M. D.

(Address) 4710 Liberty Hts Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

16993 73

F 16993

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-B

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorraine Bennett — If U. S. Veteran specify WAR .....

(a) Residence: No. 2011 Jefferson St., ..... Ward. N.H.H.W.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-18-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Emmanuel Bennett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Hasenei

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 23. 1935

19. UNDERTAKER Henry J. Sander

(Address) Henry Sander & Sons, Inc. Baltimore & Broadway.

23 1935 Huntington Maryland

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935 to Oct 22, 1935

I last saw her alive on Oct 22, 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory obstruction | |
| unknown etiology - probably Bronchopneumonia | Oct. 13 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Helen Louise Snyder M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 16994

# 16994 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 W. Pratt St., 19 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Treadway

(a) Residence: No. 1610 W Pratt St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Inez Treadway

6. DATE OF BIRTH (month, day, year) 3/20/1892

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 43 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md.

FATHER

13. NAME John L. Treadway

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Anne Coates

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Treadway

(Address) 1408 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 23, 1935

19. UNDERTAKER Perry & Lubliner

(Address) 410 E. Lanvale St.

19a. FILED OCT 23 1935 Registrar. Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/35 19

22. I HEREBY CERTIFY, That I attended deceased from 9/24/35, 19..., to 10/21/35, 19...

I last saw h. alive on 10/21, 19 35 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic | |
| Carditis - Chronic | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Probably a Coronary Thrombosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 214 N. Howard St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16995 F 16995

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N Fulton St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Rebecca Lane

If U. S. Veteran specify WAR

(a) Residence: No. 604 N Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wilbur Lane

6. DATE OF BIRTH (month, day, year) March 10 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Peach

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Christie Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Ethel L. Pieter
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct 25 1935

19. UNDERTAKER George A Farley
(Address) 6008 W Fayette St

Oct 23 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1935 to Oct 21 1935

I last saw h[illegible] alive on Oct 21 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis and asthma | 2 |
| | 4 |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral hemorrhage | |

Was an operation performed? none Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kaden M. D.

(Address) 2306 Eutaw Place

MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1368-9

F 16996

16996

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

212-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs 0 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Oliver Chalkley.

(a) Residence: No. 3426 Old York Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 25, 1914

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 21 | 0 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper carrier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Clarence H. Chalkley.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret H. Jenkins.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Margaret H. Chalkley, (mother)
(Address) 3426 Old York Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Oct. 24, 1935

19. UNDERTAKER John J. Geary
(Address) 745 Light St.

20. FILED 23 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.25 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Germinal pulmonary hemorrhage secondary to trauma & fracture of the skull, both jaws. Internal injuries. Rode bicycle into lamp post, fell of which fell onto his head. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/21/35

Where did injury occur? Ellerslie & Pen Lucy
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street

Manner of injury As above

Nature of injury As above.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt, M. D.
Coroner

10/23/35 (Address) 1017 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement

# HEALTH DEPARTMENT—CITY OF BALTIMORE

16997 F 16997

## CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2040 Brookfield Ave. St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Scott. (C)

(a) Residence: No. 2040 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Scott.(C)

6. DATE OF BIRTH (month, day, year): Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | ---------- | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

FATHER

13. NAME: John Scott.(C)

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Sarah Carroll.(C)

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Emma Scott.(C) wife.
(Address) 2019 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 24, 35

19. UNDERTAKER: James A. Davis
(Address) 142 W. Lafayette Ave.

23 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation: No. Date of:

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

10/23/35 (Address) 1017 E. Charles St.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 16998

16998

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Roslemys Ave St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget Agnes Connelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 3306 Roslemys Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, (State or country) Md.

FATHER

13. NAME James Connelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wellams Slater

(Address) 3306 Roslemys Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/25 35 19

19. UNDERTAKER Bernard A Funk

(Address) 5135 Harford Road.

Huntington Baltimore, Md.

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1935

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |

Other contributory causes of importance:

Pulmonary Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Burl Schember, M. D. Coroner

(Address) 1917 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T 23 1935

F 16999

F 16999

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Cooper

(a) Residence: No. 824 N. Carey St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6. DATE OF BIRTH (month, day, year) May 17, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto City Hospt Rec'd
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 10/25/ 1935

19. UNDERTAKER Chas. H. Glyndon & Sons Inc
(Address) 915 Druid Hill Ave

FILED OCT 24 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1935 to 10-22 1935

I last saw he alive on 10-22 1935 Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tubo-ovarian abscess | ? |
| right | ? |
| Other contributory causes of importance: | |
| Paralytic Ileus | 4 days |
| Bronchopneumonia, terminal | 2 days |
| Peritonitis | |

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt F Mountin M. D.

(Address) Balto City Hospt

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17000

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17000

## CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Kavanaugh St., 15 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Howard,

(a) Residence: No. 1829 Kavanaugh St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Howard,

6. DATE OF BIRTH (month, day, year) unknown.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71, | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Official Blind Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mining Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) King & Queen Co. Va.
(State or country)

FATHER

13. NAME Peter Howard

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Harriet Unknown

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Peter Howard Son,
(Address) 1829 Kavanaugh.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 10/24/35 19

19. UNDERTAKER Thomas F Kelson
(Address) Linwood & Fulton Ave

20. FILED OCT 24 1935 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " find that said deceased came to death on the day stated above at 12 30 a.m.,
(Inquest, Autopsy or Inquiry)

The prinripal cause of death and related causes of importance were as follows: Virginia Tectonis — Date of onset .....

Other contributory causes of importance: age, senility,

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) G Ham M. D.
Coroner

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17001

M. D. B 1268 F 17001 Gare

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital. 5 Ward)

Length of residence in city or town where death occ 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Gare

(a) Residence: No. 246 n Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Hansom Gare

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Bryant E Gare
(Address) 409 north St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Oct 25 1935

19. UNDERTAKER Lottie Gross
(Address) 1408 ashland ave

20. FILED Oct 24 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septicaemia Peritonitis | Oct 19 35 |
| Other contributory causes of importance: Ruptured Appendix | Oct 1935 |

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 587 Aisquith St

information should be carefully ... that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of ...ificate.

C 124 1935

M. D. F. 1268-9

F 17002

F 17002

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Bruce St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Milburn

(a) Residence: No. 624 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, Divorced (write the word) |
|---|---|---|
| F | Colored | Married |

5a. If married, widowed, or divorced (or) WIFE of James Milburn

6. DATE OF BIRTH (month, day, year) March 7, 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 03 37

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co, Maryland

FATHER

13. NAME James Veney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Yeatman

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Milburn

(Address) 624 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 26, 1935

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

20. Oct 24, 1935 Huntington Williams M.D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Oct 22, 1935

I last saw her alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 5.10 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach with metastasis to liver. | 1 |
| Arteriosclerotic Heart Disease | 2 |
| & Auricular fibrillation. | 2 |
| Chronic Nephritis. | 2 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Shochat, M. D.

(Address) 2306 Edmondson Ave

N. B.—WRITE PLAINLY. All information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17003

# F 17003 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 122-B (Ves)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME TEKLA (Tillie) Rubasheesky

If U. S. Veteran specify WAR

(a) Residence: No. 644 W. Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Rubasheesky

6. DATE OF BIRTH (month, day, year) (?)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 (?) | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Lithuania

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Balto City Hospitals Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 26, 1935

19. UNDERTAKER John Greliauskas

(Address) 1423 S. Paca St

Huntington Wills 10-24-35

Registrar.

OCT 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1935 to 10-22, 1935

I last saw h[illegible] alive on 10-21, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Acute Intestinal Obstruction | 1 wk |
| Other contributory causes of importance Bilateral Broncho-Pneumonia - terminal | 24 hrs |

Was an operation performed? yes Date of 10-20-35

For what disease or injury? Intestinal Obstruction

Name of operation Release of intestinal adh[illegible] Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) Robt F. Martin M. D.

(Address) Balto. City Hospitals

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17004

F 17004

## CERTIFICATE OF DEATH

K 108

REGISTERED NO.

MARGIN RESERVED FOR BINDING

WARNING.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

**1-PLACE OF DEATH**

City of BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2-FULL NAME** Mrs. Henry Gompf (Anna May)

(a) RESIDENCE NO. Pikesville Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gompf

6 DATE OF BIRTH (month, day, and year) Nov 9- 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.. |
|---|---|---|---|---|
| | 66 | 11 | 15 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER August Oberman

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Lena Hartman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Gottlieb Gompf

(Address) Pikesville Md

15 Filed OCT 24 1935, 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Oct 23 1935

that I last saw h Er alive on Oct 23 1935

and that death occurred, on the date stated above, at 11:10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Hypocardial insufficiency, Arteriosclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) L. Claggett Bros, M. D.

10-23-1935 (Address) 215 Northway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Date of Burial 10/26 1935

20 UNDERTAKER Frank H. Nurd ADDRESS Pikesville Md

F 17005

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17005

## CERTIFICATE OF DEATH

130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Stanley

If U. S. Veteran specify WAR

(a) Residence: No. 1037 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

| 6. DATE OF BIRTH (month, day, year) | 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| July 2nd 1887 | 48 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia — Front Royal Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Estler Jones

(Address) 1037 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 26th 1935

19. UNDERTAKER J. H. & O. Elliott-Daughtes

(Address) 1129 Eagerdie St Huntington Williams W. Va.

20. FILED , 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.22 1935

22. I HEREBY CERTIFY, That I attended deceased from 10.17 1935 to 10.22 1935

I last saw h[illegible] alive on 10.22 1935. Death is said to have occurred on the date stated above, at 3:57 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute nephritis | |
| | |
| | |
| | about |

Other contributory causes of importance:

acute myocarditis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 810 N. Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 24 1935

F 17006

# F 17006 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

16 ✓ 23

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Eden St. 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Roosevelt Hufflett

If U. S. Veteran specify WAR .....

(a) Residence: No. 710 N. Eden St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Goldie Hufflett

6. DATE OF BIRTH (month, day, year) Aug. 29, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 1 | 23 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) Aug. 1935

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME John Wesley Hufflett

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Noble

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Elm. Hufflett

(Address) 710 N. Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Oct 24th, 1935

19. UNDERTAKER Mrs. Robert A. Elliott-daughter

(Address) 1129 Chappell St Huntington West Virginia

FILED OCT 24 1935, 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1935 to Oct. 21, 1935

I last saw him alive on Oct. 21, 1935. Death is said to have occurred on the date stated above, at 5:15 P. m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hemorrhagic Pulmonary Tuberculosis | 1933 |
| | 1933 |

Other contributory causes of importance:

| | |
|---|---|
| Pulmonary Hemorrhage | 1935 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Pneumothorax Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr. H. Levy Berry, M. D.

(Address) 1420 E. Chase

F 17007

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17007 v 131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Somerset St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hester Durbin Tucker

If U. S. Veteran specify WAR .....

(a) Residence: No. 510 Somerset St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Tucker

6. DATE OF BIRTH (month, day, year) 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) (State or country) Balto Maryland

FATHER

13. NAME William Dennis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Abraham Tucker

(Address) 510 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Kabery Cem. Date Oct 26th 1935

19. UNDERTAKER Mrs D A Elliott Daughter

(Address) 1629 Barclay St

OCT 24 1935 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1935 to Oct 22 1935

I last saw h. alive on Oct 22 1935 Death is said to have occurred on the date stated above, at 8.45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Perforation | Sept 22-35 |
| Ruptured pneumonia | Sept 20-35 |

Other contributory causes of importance: unk

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Allen M. D.

(Address) 507 Fairmount St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17008

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17008 ✓ 131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Saunders — If U. S. Veteran specify WAR .....

(a) Residence: No. 907 Myrtle Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 21 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 51 | 61 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Saunders

14. BIRTHPLACE (city or town) (State or country) Quebec Canada

MOTHER

15. MAIDEN NAME Annabella Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Morris Banker

(Address) 907 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 25 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Jefferson St. Huntington Williams, W. Va.

19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-8 1935 to 10-21 1935

I last saw h[illegible]ative on 10-21 1935. Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-Vascular Renal Disease | |
| Hypertrophied Prostate | 1934 |
| Senile Retention | |
| Other contributory causes of importance: | |

Was an operation performed? yes Date of 10-17

For what disease or injury? Acute Retention

Name of operation Suprapubic Aspiration Date of 10-17

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Harris, M. D.

(Address) Provident Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 24 1935

F 17009

F 17009 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dalley

If U. S. Veteran specify WAR

(a) Residence: No. 1528 W. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-3-1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 58 | 59 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Md

FATHER

13. NAME Charles Dalley

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Nellie Swales

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT Balto City Hospt

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 25, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

Huntington Williams, Mgr

Registrar

OCT 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1935, to 10-22, 1935

I last saw him alive on 10-21, 1935 Death is said to have occurred on the date stated above, at 1:26 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Benign Hypertrophy of Prostate | ? |

Other contributory causes of importance:

| | |
|---|---|
| (1) Uremia | 2 days |
| (2) Impaction of Abdominal viscera | ? |

Was an operation performed? yes Date of 10-3-35

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Suprapubic Cystotomy Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F Mantz M. D.

(Address) Balto City Hospt

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17010

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17010

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Junius Braxton (Braxtin)

(a) Residence: No. 610 Brune st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 16, 1891

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 0054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Albert Braxtin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 26, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder Ave Huntington Indiana

20. FILED 19 Registrar.

CT 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935 to October 22, 1935

I last saw him alive on October 22, 1935 Death is said to have occurred on the date stated above, at 1.50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | April 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlsgin M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 17011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17011

## CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 400 S. Dean St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carroll Philip Huth

If U. S. Veteran specify WAR

(a) Residence: No. 400 S. Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Maloy

6. DATE OF BIRTH (month, day, year) Jan 22 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 9 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kimball Tyler Co.

10. Date deceased last worked at this occupation (month and year) Oct 18 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Charles Huth

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Caroline Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Catherine Huth

(Address) 400 S. Dean St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct 25 1935

19. UNDERTAKER Reydel & Sheck

(Address) Huntington Williams

OCT 24 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intracranial Hemorrhage | Oct. |
| from fractured Skull | 18. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 18, 1935

Where did injury occur? Baltimore Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place sidewalk in front of 400 S. Dean St

Manner of injury Fell during fight.

Nature of injury Fractured Skull etc

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Wright M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17012

## CERTIFICATE OF DEATH

209M F 17012

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton M. Kellermann

(a) Residence: No. 3114 Woodland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Catherine A. Kellermann

6. DATE OF BIRTH (month, day, year) January 30, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Kellermann.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Catherine A. Kellermann. (wife)

(Address) 3114 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct. 26, 1935

19. UNDERTAKER Harvey Hoke Long, Inc.

(Address) 130 E. Eager St. Funeral Director

OCT 24 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck and knocked down by a street Car | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 10/22/35, 19

Where did injury occur? Park Heights & Woodland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Fracture of the skull.

Nature of injury struck by street car.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Otto Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

10/24/35

305 647013 F 17013

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lana Wilson — If U. S. Veteran specify WAR

(a) Residence: No. Shelby Ohio St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 12/31/96

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 9 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Samuel Bistline

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliza Trulove

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Shelby Ohio Date Oct 24, 1935

19. UNDERTAKER John C. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED OCT 24 1935 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-12, 1935 to Oct-23, 1935

I last saw her alive on Oct-23, 1935. Death is said to have occurred on the date stated above, at 6:35 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, malaginant | 1933 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Yes Date of 10/17/35

For what disease or injury? Brain tumor

Name of operation Rt. craniotomy Date of "

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 17014

F 17014

304949

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 131

JOHNS HOPKINS HOSPITAL

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham H. Mc Ferron

(a) Residence: No. 838 Lincoln ave St., north side Ward. Pittsburgh Pa
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): 9-26-65

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Peter Mc Ferron

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Lydia Dull

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Pittsburgh Pa Date: Oct 27 35

19. UNDERTAKER (Address): John C. Mitchell & Son 1208 Eutaw St

Registered

OCT 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-10, 1935 to Oct-23, 1935

I last saw him alive on Oct-23, 1935. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerotic heart disease | |
| | |
| | |
| | |
| Other contributory causes of importance: nephrosclerosis | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. H. Richmond M. D.

(Address) Johns Hopkin Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

M. D. R. 1268-9

17015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17015

**CERTIFICATE OF DEATH** ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Collington Ave ? Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Emily Walter

(a) Residence: No. 926 Collington Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknow

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 ? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jos M Walter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emily Curley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alexius Walter

(Address) 3910 Clovehill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 26 1935

19. UNDERTAKER Lenny M Jenkins Funeral Co

(Address) 1711 Eutaw Pl

20. FILED OCT 24 1935 Huston Williamson M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st 1935 to Oct 23rd 1935

I last saw her alive on Oct. 23 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 4 days |
| Cardiac Failure | |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Greer M. D.

(Address) 408 S Bat Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17016

## CERTIFICATE OF DEATH

131 V F 17016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 W. Lexington St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Martin

(a) Residence: No. 924 W Lexington St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Carolina Martin

6. DATE OF BIRTH (month, day, year): ? ? 1842

7. AGE: Years: 93 | Months: ? | Days: ? | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Centreville Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Honzella Cooper

(Address) 924 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Oct 26 1935

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N Schroeder St

Huntington Williams

OCT 24 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1935 to Oct 23 1935

I last saw him alive on Oct 22 1935 death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chr Myocarditis | |
| Chr Nephritis | |
| Other contributory causes of importance: | |
| Pulmonary Edema | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. F. Roeiler M. D.

(Address) 201 N Carrollton Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1283-5

F 17017

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17017

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Carlton St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cathelia Ross

If U. S. Veteran specify WAR .....

(a) Residence: No. 11 N Carlton St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | col | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 23 1939

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 .....
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1930 |

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 24 1939

M. D. 12-5 F 17018 F 17018

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Tate

If U. S. Veteran specify WAR.....

(a) Residence: No. 1369 N. Gilmor St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Jan 1 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. genl Domestic Service

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carroll Co (State or country) Md.

FATHER

13. NAME Butler

14. BIRTHPLACE (city or town) Charles Co (State or country) Md.

MOTHER

15. MAIDEN NAME Rosella ~~Tate~~ Ford

16. BIRTHPLACE (city or town) Charles Co (State or country) Maryland

17. INFORMANT Mrs Rosella Tate (Mother)

(Address) 1369 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 23 19 35

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar .....

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute peritonitis | |
| from ruptured appendix | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Douglas M. D.

(Address) 1010 S. Ellwood Ave Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Case 25

OCT 21 1935

1821 THE MONROE

F 17019

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17019

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 S Furrow St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Weiss

If U. S. Veteran specify WAR No Record

(a) Residence: No. 423 S Furrow St., Ward.
(Usual place of abode) 61 (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry A Weiss

6. DATE OF BIRTH (month, day, year): Nov 6 1857

7. AGE: Years 77 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Joseph Weiss
(Address) 423 S. Furrow St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Oct 25 1935

19. UNDERTAKER: William Cook
(Address) 1217 St Paul St

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27 1935 to October 22 1935

I last saw her alive on Oct. 21 1935. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis chronic | 10-1-35 |
| Anuria — Convulsions | |
| Coma | |
| Other contributory causes of importance: | |
| Diabetes | 1920 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Ex. Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. T. Bouchelle M. D.
(Address) 2104 St. Paul St.

CT 24 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F. D. B. 1268-9

F 17020

17020 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

122-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp 15 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Alfred C. Gaulthrop

(a) Residence: No. 3936 Park Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Matilda Gaulthrop

6. DATE OF BIRTH (month, day, year) March 23 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 7 | .. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C & P Grocery Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William G

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Matilda Gaulthrop

(Address) 3936 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 10/26, 1935

19. UNDERTAKER Fred McCully

(Address) 100 West 23rd St

19. FILED Huntington Indiana

CT 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/13/35, 19..., to 10/23/35, 19...

I last saw h[illegible] alive on 10/23/35, 19... Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Left clavicular sarcoma Hemo | 10/15/35 |
| Right relapsation of sarcoma | |
| neg | |
| Other contributory causes of importance: Bronchopneumonia | 10/17/35 |
| Left Hemipelvectomy | |
| Right Repan for sarcoma neg | |

Name of operation Date of 10/15/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) West Balto Gen Hosp

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17021

# F 17021 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M Dson

(a) Residence: No. 1043 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of the late Robert Dson

6. DATE OF BIRTH (month, day, year) May 16 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 71 70 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. 6000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wendelin Keasler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretha Deweelin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rev. Father Keasler
(Address) 1225 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cemetery Date Oct. 28 1935

19. UNDERTAKER Henry Strack & Sons Inc
(Address) 1301 E. Eager St

CT 24 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1935, to October 24, 1935

I last saw her alive on October 24, 1935. Death is said to have occurred on the date stated above, at 9.40 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Lobar pneumonia | |
| Other contributory causes of importance: | |

Name of operation V Date of V

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J M Magennis, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

17022

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17022

## CERTIFICATE OF DEATH

50

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2830 Woodbrook Ave ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Lynch

(a) RESIDENCE NO. 2830 Woodbrook Ave ST., 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 3 - 1873

7 AGE: Years 62 | Months 3 | Days 18 | If LESS than 1 day, hrs. or min. 20

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Own home
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Hartford Furnace Harford County Md.

PARENTS

10 NAME OF FATHER: John Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Callan Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Regina Mary Lynch

(Address): 2830 Woodbrook Ave. Balto. Md

15 OCT 24 1935 Huntington Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23-35

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935, to Oct 23, 1935, that I last saw her alive on Oct 23, 1935 and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? yes Date of Feb 18-35

Was there an autopsy? no

What test confirmed diagnosis? cl & Phy Exam

(Signed) F. J. Lynch, M. D.

, 19 (Address) 3321 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Francis

DATE OF BURIAL: Oct 26 1935

20 UNDERTAKER: H. S. McCann & Son

ADDRESS: Abingdon Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

F 17023

F 17023

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Streckfuss

If U. S. Veteran specify WAR .....

(a) Residence: No. German Aged Home St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 2, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 9 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Streckfuss

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME Elizabeth Drenstbier

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Records of German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Oct. 25, 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1008 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1935, to Oct 23-, 1935
I last saw him alive on Oct 23, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | ? |
| Chronic Valvular Heart Disease | |
| Mitral insufficiency | |
| Other contributory causes of importance: Pulmonary Edema | 10/27/35 |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Adelle Hemming, M. D.

(Address) 2000 Hollins St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P 1265-9

F 17024

17024

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat 28 Ward)

Length of residence in city or town where death occurred? 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister Esteran Fitzpatrick

(a) Residence: No. Towson, Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) aug 25 - 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sisters Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0065

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Clare

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mother Superior

(Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL Private

Place Towson Md Date 10/25/35

19. UNDERTAKER George J. Roth & Son

(Address) 22 E Pleasant St Baltimore Md

20. FILED ... 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 . 1935 to Oct 23 . 1935

I last saw her alive on Oct. 23 . 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | ? |
| Enteritis | 10/22/35 |
| Other contributory causes of importance: | |
| Melancholia | 1930 |

Name of operation None Date of ?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Heck M. D.

(Address) Mount Hope Retreat

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 24 1935

17025

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17025

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH South Baltimore Gen Hosp

Registered No.

CITY OF BALTIMORE: (No. ... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Kunnecke

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1827 Chilton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married, Widowed or Divorced~~ (write the word): Married

5a. If ~~married, widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~: Annie A. Kunnecke

6. DATE OF BIRTH (month, day, year): Feb 26th 1859

7. AGE: Years 76 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper Manager

9. Industry or business in which work was done, as ... saw mill, bank, etc.: South Balto Gen Hospital

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 7 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ferdinand Kunnecke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Schaffer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Annie A. Kunnecke

(Address) 1827 Chilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 26th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

20. Date Received: T 24 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934, to Oct 24, 1935

I last saw him alive on Oct 22, 1935. Death is said to have occurred on the date stated above, at 7.25 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | 10-21-35 |
| Other contributory causes of importance: Cerebral hemorrhage | 9-28-34 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis T. Taylor M. D.

(Address) So. Balto. Gen. Hosp

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17026 F 17026

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 E. North Ave 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Wells

If U. S. Veteran specify WAR. No Record

(a) Residence: No. 1335 E. North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Samuel Wells

6. DATE OF BIRTH (month, day, year) Mar 7th 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Edel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Bolandt

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Gilbert C. Wells

(Address) 1335 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 25th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED OCT 24 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/9/35 to 10/22/35

I last saw h alive on 10/22/35 Death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General arteriosclerosis | 1934 |
| Cerebral thrombosis | 1935 |
| | |
| | |
| Other contributory causes of importance: Cardiac insufficiency | 10/20/35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. A. Bantem M. D.

(Address) 537 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

17027 HEALTH DEPARTMENT—CITY OF BALTIMORE E 17027

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Homestead St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Geary

(a) Residence: No. 1740 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

3a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10, 24 35

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Alton Geary
14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Emma Betz
16. BIRTHPLACE (city or town) Balto (State or country) Md

INFORMANT Alton Geary
(Address) 1740 Homestead St

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 25th 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED OCT 25 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Oct. 24, 1935
I last saw h[illegible] alive on Oct. 24, 1935 death is said to have occurred on the date stated above, at 2:05 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Asphyxia | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Dr. Vincent Messina M. D.
(Address) 1411 S. Charles St

F 17028 ✓ F 17028

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4712 Hamphrett Ave) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Sanner

(a) Residence: No. 4712 Hamphrett Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan 15th 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74 | 9 | 8 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 10/35

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Sanner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bockel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen Lantuklos

(Address) 1821 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 26th 1935

19. UNDERTAKER W. Cook

(Address) 1217 W. Baltimore St

20. FILED ..... 19 ..... Registrar

OCT 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935, to Oct 22, 1935

I last saw her alive on Oct 22, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 10/29/35 |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos F Brennan M. D.

(Address) 718 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. H. F. 12

F 17029

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17029

93-E

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE. MD. St., 258 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L Sterling

(a) Residence: No. 639 Gutman Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married, Widowed~~ or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

5a. If ~~married, widowed~~, or divorced HUSBAND of ~~or WIFE of~~ Annie Sterling

6. DATE OF BIRTH (month, day, year) Feb 28 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Archibald F. Sterling

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret A. Sterling

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Robt. E. Williams

(Address) 332 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 26 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19... Registrar

OCT 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1935, to October 24, 1935

I last saw him alive on October 24, 1935. Death is said to have occurred on the date stated above, at 3.45 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cerebral thrombosis | |
| 2. Chronic myocarditis | |
| 3. Cardiac decompensation | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Macmillan M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17030 ✓ F 17030

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45-B

Registered No.

1. PLACE OF DEATH 1439 Andre St.

CITY OF BALTIMORE: (No. 1439 Andre St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey W. Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1439 Andre St. St., Ward. 24

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. ~~Color or Race~~ | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Minnie Clark.

6. DATE OF BIRTH (month, day, year) May 14 184

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Man 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Natural Enamel + Stamping

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME William Clark

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Emma Scarlett

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Minnie Clark

(Address) 1439 Andre St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 10/26 19 35

19. UNDERTAKER Margaret G Flynn

(Address) 1432 Light St

Registered Number 1111

OCT 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Oct 24 1935

I last saw him alive on Oct 24 1935. Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Tongue | Oct 1934 |
| Other contributory causes of importance: | |
| Exhaustion | 2 days |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Campbell M. D.

Oct 24 1935 (Address) 1644 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17031 ✓ F 17031

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Baltimore Maryland

Registered No.

CITY OF BALTIMORE: (No. 2625 Barclay St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Glynn Forman

If U. S. Veteran specify WAR

(a) Residence: No. 2625 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Forman.

6. DATE OF BIRTH (month, day, year) July 23, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Glynn

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Lally

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs William Malia

(Address) 2625 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 26, 1935

19. UNDERTAKER Margaret D. Glynn

(Address) 2107 Eutaw Place

20. FILED , 19 Registrar.

OCT 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Oct 23, 19

I last saw her alive on Oct 18, 1935. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Breast | 3 |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension
Arteriosclerosis
Asthenia

Was an operation performed? Date of

For what disease or injury?

Name of operation Phys. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. McCarthy, M. D.

(Address) 111 W. Hamburg St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. F 17032 ✓ F 17032

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1630 Stricker St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 26 1921

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 13 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Dorchester County Md.

MOTHER

15. MAIDEN NAME Agnes Foster

16. BIRTHPLACE (city or town) (State or country) Dorchester County Md.

17. INFORMANT Calvert Johnson

(Address) 1630 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 26 1935

19. UNDERTAKER Charles H. Burkett

(Address) 2-28 Lanvale St

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Meningitis - Unknown origin | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT Vss

OCT 26 1935

F 17033 ✓ F 17033

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME HARRY FISHER.

(a) Residence: No. 552 ORCHARD. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | COLORED | WIDOWED. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5. 1841

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 94 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George W Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa Burton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rosa Fisher

(Address) 552 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 10/25/ 1935

19. UNDERTAKER Bernard P. Hemsley

(Address) 818 Druid Hill Ave

20. FILED 19 by

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1935 to 10-22 1935

I last saw h.. alive on 10-22 1935 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| LOBAR PNEUMONIA. | 10-19 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) J. R. Adams M. D.

(Address) Univ. Hosp.

OCT 25 1935

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17034

# F 17034 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-8-82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 18 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWIN James Snyder

If U. S. Veteran specify WAR .....

(a) Residence: No. 858 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White. | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~. (write the word): ~~Married~~ Single.

5a. If married, widowed, or divorced ~~WIFE of~~ HUSBAND of: Nenette Snyder

6. DATE OF BIRTH (month, day, year): 2/26/1887

7. AGE: Years: 48 | Months: 7 | Days: 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brewery

10. Date deceased last worked at this occupation (month and year): 1933 | 11. Total time (years) spent in this occupation: 3

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Charles Henry Snyder

14. BIRTHPLACE (city or town) (State or country): Indiana.

MOTHER

15. MAIDEN NAME: Etta Fitz

16. BIRTHPLACE (city or town) (State or country): Auburn, N.Y.

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct 28, 1935

19. UNDERTAKER: J. Tichnor & Sons

(Address) Huntington, W. Va.

19. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1934 to 10/22, 1935

I last saw him alive on 10/22, 1935. Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 2 days |
| | |
| | |
| | |

Other contributory causes of importance: over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert A. Reiss, M. D.

(Address) Balto City Hosp

OCT 25 1935

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17035 ✓ F 17035

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Pleasant St. 15 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ethel Riva Schenker

(a) Residence: No. 2105 Pleasant St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Widow |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sam

6. DATE OF BIRTH (month, day, year) 1856.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 79 | | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ferd Pinchefsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Liba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Schenker

(Address) 2102 Pleasant St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 10/25/35

19. UNDERTAKER Joseph Lewis Lee

(Address) 1537 E. Baltimore

20. FILED ... 19 ... Registrar ...

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/35

22. I HEREBY CERTIFY, That I attended deceased from 10/1/35 to 10/24/35

I last saw her alive on 10/24/35 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Renal Disease | 2 yrs |

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Benj. Samuels M. D.

(Address) 2128 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

61 56130

F 17036

F 17036

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse L. Kimmerle

If U. S. Veteran specify WAR

(a) Residence: No. 2919 Keswick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Late Mary V. Kimmerle

6. DATE OF BIRTH (month, day, year) Oct? 1869.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 65 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. J. Sasscer

(Address) 4137 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn. Date Oct 26, 1935

19. UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Eastern

Filed OCT 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935 to Oct. 23, 1935

I last saw him alive on Oct. 23, 1935. Death is said to have occurred on the date stated above, at 3:50 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| Other contributory causes of importance: Bronchopneumonia | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton A. Sayler M. D.

(Address) Mercy Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17037 HEALTH DEPARTMENT—CITY OF BALTIMORE 17037

# CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Ash St. St., 13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Richard Burton.

(a) Residence: No. 3517 Ash St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Margaret Burton.

6. DATE OF BIRTH (month, day, year) June 2, 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 81 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired huckster.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Richard Burton.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Pleasant Burton.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Margaret Burton, (wife)
(Address) 3517 Ash St.

18. BURIAL, CREMATION, OR REMOVAL Md.
Wash. Chapel, Harford Date Oct 26, 1935

19. UNDERTAKER Chamberlain Bros.
(Address) 3615-17 Pulaski Hwy

20. FILED ... 19... (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio sclerosis. | |

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Leonhardt M. D.
Coroner
(Address) 10/24/35 1017 E. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

OCT 25 1935

F 17038 ✓ F 17038

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Patapsco St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Meilke

If U. S. Veteran specify WAR

(a) Residence: No. 1736 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna Kraft Meilke

6. DATE OF BIRTH (month, day, year) Sept 12, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Mrs Reese

(Address) 1823 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date Oct 26, 1935

19. UNDERTAKER Elizabeth Harle Inc

(Address) 1115 E. West St

20. FILED OCT 25 1935 19 Attending Physician or Coroner

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935, to Oct. 23, 1935

I last saw him alive on Oct. 23, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Glandular Carcinoma of Neck | Indefinite |
| Other contributory causes of importance: Exhaustion | 10/24/35 |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. C. K. Campbell, M. D.

10/24/35 (Address) 1644 Hanover St

Information should be carefully supplied. Avoid abbreviations. Write plainly with pen and ink. Do not use lead pencil. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17039

# F 17039 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1907 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25-1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 79 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. Johnson

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME White

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Lody Beehler
(Address) 400 N. Bonaparte St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Oct. 25 1935

19. UNDERTAKER Wm. E. Miller & Son
(Address) 2334 Jefferson St.

(Signature for Undertaker)

OCT 25 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1935, to 10/23, 1935

I last saw her alive on 10/23, 1935. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | 1931 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan M. Keiser, M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 17040

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17040

## CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Montpelier St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley W. Bowers

(a) Residence: No. 1739 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Lucy Bowers

6. DATE OF BIRTH (month, day, year) May 14 - 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 75 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

FATHER

13. NAME Wesley W. Bowers

14. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

MOTHER

15. MAIDEN NAME Elizabeth Frederick

16. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

17. INFORMANT Jesse Williams

(Address) Balto., Md

18. BURIAL, CREMATION, OR REMOVAL

Place Antrel-Calvert Co Date 10/26/ 1935

19. UNDERTAKER A. A. Warkentien & Son

(Address) Mt. Royal Ave. Baltimore, Md.

20. FILED ... 19 ... Registrar.

T 25 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 35

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1935 to Oct 24, 1935

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The prinripal rnuse of death and related causes of importanre were as follows:

| | Date of onset |
|---|---|
| Uremic Sclerosis | Indef |
| Other contributory rauses of importanre: | |
| Obstruction | 2 days. |

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.

Oct 24/35 †Address 1644 Hanover St

17041

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17041

## CERTIFICATE OF DEATH

82-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Gibbons Ave St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Carson Boggs

If U. S. Veteran specify WAR

(a) Residence: No. 3300 Gibbons Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis C. Boggs

6. DATE OF BIRTH (month, day, year) Sept. 13 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norristown Pa

FATHER

13. NAME John Carson

14. BIRTHPLACE (city or town) (State or country) Norristown Pa

MOTHER

15. MAIDEN NAME Mary Cooke

16. BIRTHPLACE (city or town) (State or country) Norristown Pa

17. INFORMANT Mrs. Mary M. Hodges

(Address) 3300 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Norristown Pa. Date Oct. 26, 1935

19. UNDERTAKER John J. Denny

(Address) 715 Light St.

20. FILED 19 ~~[illegible]~~ Registrar

OCT 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1932 to Oct. 24 - 1935

I last saw her alive on Oct. 18, 19 Death is said to have occurred on the date stated above, at 7.27 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | July 10, 35 |
| secondary ✱ | |
| Other contributory causes of importance: Cerebral arteriosclerosis | 4 yrs |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew C. Gillin M. D.

(Address) 1033 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17042

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17042

## CERTIFICATE OF DEATH

V 51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Calhoun St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leo V. Smith

(a) Residence: No. 118 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Cummings Smith

6. DATE OF BIRTH (month, day, year) Jan 23rd 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 39 | 9 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Gearin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen Smith
(Address) 118 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/26/35

19. UNDERTAKER John F. Cowhig & Son
(Address) 1401 Hollins St.

20. FILED ... 19 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/35

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935 to Oct 23, 1935

I last saw him alive on Oct 23, 1935 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Kidney Primary | 2 y. |
| Carcinoma Lung Secondary | 2 m. |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Wilbur Hemming, M. D.

(Address) 7000 Hollins St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

17043

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C F 17043

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Penrose Ave St., C 10 Ward)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F Ward

(a) Residence: No. 2112 Penrose Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Flatley

6. DATE OF BIRTH (month, day, year) July 16th 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 20 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Black Cross
(Address) 2112 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Cem Date 10/28/ 1935

19. UNDERTAKER John F Cruse & Son
(Address) 901 Fulton St

20. FILED OCT 28 1935 19.....
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/ 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Oct 24, 1935

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 9:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile arterio-sclerosis | 1-1-34 |
| Myocarditis acute | 6-1-34 |
| Cerebral hemorrhage | 10-23-35 |

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Henry L Coble M. D.
(Address) 1203 W. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17044

F 17044

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH Balt.

CITY OF BALTIMORE: (No. 1005 Poplar Grove St St.) 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Charles L. Vogt

(a) Residence: No. 1005 Poplar Grove St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C. Vogt (nee Schring)

6. DATE OF BIRTH (month, day, year) July 4th 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 70 | 3 | 2019 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired - Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano Manufacturing

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Otto Vogt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Stutt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Vogt

(Address) 1005 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/26/35

19. UNDERTAKER H. O. Huber & Son

(Address) 2503 Edmondson Ave

20. FILED OCT 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Oct 23 1935

I last saw him alive on Oct 22 1935 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | July 1935 |
| Chronic Myocarditis | ? |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph Zeller M. D.

(Address) 207 - 8 Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 17045 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 17045

## CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Homewood Ave. St., 10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Dews

(a) Residence: No. 1134 Homewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1913

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 22 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) October 1935

11. Total time (years) spent in this occupation 18 mos

12. BIRTHPLACE (city or town) (State or country) Newan Georgia

FATHER

13. NAME George D. Dews

14. BIRTHPLACE (city or town) (State or country) Marietta Georgia

MOTHER

15. MAIDEN NAME Nannie Bell

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mr. George D. Dews
(Address) 1900 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Oct. 26 1935

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

20. FILED [illegible] 19 [illegible]
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning (Illuminating Gas) | |
| Other contributory causes of importance: | |

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct. 24, 1935

Where did injury occur? 1134 Homewood Ave. Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Illuminating Gas poisoning - from Gas range

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Paul Schuster, M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last Statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

OCT 28 1935

F 17046

17046 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 46-9

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 N. Patterson. Pk. St., Ave., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Annie Lorenz.

(a) Residence: No. 914 N Patterson Pk. Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Femal | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Of. Late John Lorenz

6. DATE OF BIRTH (month, day, year) may 23/1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 4 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Miss Mary Lorenz 914 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 26 1935

19. UNDERTAKER (Address) Lilly & Zailer 405 S. Wolfe St.

Huntington Williams Registrar

FILED OCT 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 19 to Oct 23 19 35 Death is said I last saw h[illegible] alive on 10-23 19 35 to have occurred on the date stated above, at 4/50 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Duration

Hypertension 1 yr

Myocarditis. 1 yr

Other contributory causes of importance:

Date of onset Sept 20/35

Was an operation performed? No Date of

For what disease or injury? Loss in Diversion

Name of operation Tapping Date of 10

What test confirmed diagnosis? X-ray Was there an autopsy over

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos Peyton M. D.

(Address) 1020 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

365839
17047

F 17047

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 34-82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL.

Registered No.

CITY OF BALTIMORE: (No. St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Breetz

If U. S. Veteran specify WAR

(a) Residence: No. 715 S. Wolfe St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/16/84

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tabner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Albert Breetz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Aust

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peeres

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date Oct 26, 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St.

20. FILED OCT 25 1935 Registrar. Huntington Philadelphia Pa.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Oct 24, 1935

I last saw him alive on Oct 24, 1935. Death is said to have occurred on the date stated above, at 4:15-8. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aplastic Anemia | 10/1/35 |
| Acute Gastrointestinal Hemorrhage from Thrombocytopenia | 10/24/35 |
| Subarachnoid Hemorrhage | 10/24/35 |

Other contributory causes of importance:

Syphilis, Treated
Arctaminosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Laduck, Jr. M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 17048

17048

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 34-83

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 50 - 9 - 4

2. FULL NAME Eugene F. O'Connor

(a) Residence: No. 3401 16th St NW Wash DC St., Ward. St Louis Mo.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Myrtle M. O'Connor

6. DATE OF BIRTH (month, day, year) Dec. 20, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 9 10 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo

FATHER

13. NAME Edw. J. O'Connor

14. BIRTHPLACE (city or town) (State or country) Co. of Cavan Ireland

MOTHER

15. MAIDEN NAME Catherine Dillon

16. BIRTHPLACE (city or town) (State or country) Co. of Cavan Ireland

17. INFORMANT Records of Mt. Hope (Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place St Louis, Missouri Date Oct 27 1935

19. UNDERTAKER Thomas F. Norris & Sons Funeral Company (Address) 1618 N. Howard St Baltimore Md

FILED OCT 27 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to Oct 24 1935

I last saw him alive on Oct 24 1935. Death is said to have occurred on the date stated above, at 1 10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis | 2 wks |
| Cardiac Convulsions | 1 day |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | ? |
| General syphilis with aphasia | |
| Cerebral thrombus of Middle Meningeal artery | 6/8/35 |

Name of Operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Norris M. D.

(Address) 3316 Fairfield Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30-5036

F 17049

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 5 St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Goodman

If U. S. Veteran write specify WAR

(a) Residence: No. 1414 Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 8/26/94

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 1 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Granville Goodman

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Glory Williams

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Oct 25 1930

19. UNDERTAKER Robert W Williams
(Address) 1515 Mt Calvery Ave

20. FILED Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1930 to Oct 20, 1930

I last saw him alive on Oct 21, 1930 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | ? |
| Arteriosclerosis | ? |
| Chr. glomerulo v nec. nephritis | 1925 |
| Gastro-intestinal hemorrhage | 10-21-30 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph T. Sadusk, Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

FILED 1925

F 17050

F 17050

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2119 Oak St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Flemmons

If U. S. Veteran specify WAR Baltimore

(a) Residence: No. 2119 - Oak St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fe | col | widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) June 26 — 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 40 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellaire Md

FATHER

13. NAME Perry Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Cassell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret Thomas

(Address) 2119 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Bellaire Md Date Oct 26 1935

19. UNDERTAKER Robt. E. Williams

(Address) 1515 McElderry St

20. FILED ..... 19— ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935 to Oct 22 1935

I last saw h... alive on Oct 21, 1935 Death is said to have occurred on the date stated above, at 8:15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 16 1935 |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. A. Johnson M. D.

(Address) 2319 Hanover St.

CAUSE OF DEATH in plain terms, and must not be given in terms of mode of dying. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

F 17051

304850

17051

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Odessa Trotter — If U. S. Veteran specify WAR None

(a) Residence: No. 814 Mc Donough St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fikins

6. DATE OF BIRTH (month, day, year): 4-16-01

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 6 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: arthur Chapman

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Martha Foss

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dover Va Date Oct 26 1935

19. UNDERTAKER: Robert F. Wilkins
(Address) 1515 Madison Ave

20. FILED ..... 19..... Registrar.

OCT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935 to Oct 23, 1935

I last saw her alive on Oct, 23, 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignant hypertension | |
| Hypertensive heart disease | |
| Uremia, due to nephrosclerosis | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph F. Sacinski Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17052

F 17052

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1374 W. Chase St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Moore

If U. S. Veteran specify WAR

(a) Residence: No. 1374 W. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Moore

6. DATE OF BIRTH (month, day, year) 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME — Robert

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME — Jane Anderson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thomas F. Moore
(Address) 1374 W. Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Oct 26th, 1935

19. UNDERTAKER Mrs. Florida Elliott-Daughtry
(Address) 1129 Garrison Ave

20. FILED OCT 25 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935 to Oct 23, 1935

Last saw her alive on Oct 22, 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia = Nephritis | |
| Chronic Nephritis | |

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Sills, M. D.

(Address) 1224 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

F 17053

F 17053

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 909 Park Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannie Griffin

(a) Residence: No. 907 Park Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 17, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Hane Ellis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hannie Washington

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Octavia Williams Daughter

(Address) 709 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shiloh Cemetery Date Oct 25 1935

19. UNDERTAKER Mr. P. A. Elliott - daughter

(Address) 1129 Gardenia st.

20. FILED Oct 25 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilitation | 8 P M |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm B Wallace M. D.
Coroner

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 17054

M. D. B 1268-9

17054

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Langley

(a) Residence: No. 1122 Abbott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of x
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1908

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge & Tunnel Builders

10. Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville North Carolina

FATHER

13. NAME George Langley

14. BIRTHPLACE (city or town) (State or country) Greenville N. C.

MOTHER

15. MAIDEN NAME Laurenda (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown N. C.

17. INFORMANT Fannie Lee Moore (Sister)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cliff Place Greenville N. C. Date Oct 25th 1935

19. UNDERTAKER Thos Robt A Elliott Longfellow
(Address) 1129 Caroline St.

20. FILED 19 Registrar

T 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by autopsy find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Eclampsia | Oct 22 |
| Other contributory causes of importance (Probable) Epilepsy | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Hughes Coroner M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17055

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17055

97

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1230 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip.

6. DATE OF BIRTH (month, day, year) 11/1/1854.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Lightheiser

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie Woodchen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 25 1935

19. UNDERTAKER
(Address)

19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22/1935

22. I HEREBY CERTIFY, That I attended deceased from 8/13/1935 to 10/22/1935

I last saw her alive on 10/22/1935 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Hypertension | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

T 25 1935

1828

F 17056

17056

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 S. Charles St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Walter Weaver.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Do not know. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of :----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 62 | :--------- | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date Oct 26 1935

19. UNDERTAKER
(Address)

20. FILED ..19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16/1935

22. I HEREBY CERTIFY, That I attended deceased from ..19.. to ..19..

I last saw h.. alive on ..19.. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

(Address) 10/23/35 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 17057

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17057

82-a

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Do not know. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | ---------- | ---------- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annesett, of Md Date Oct 26 1935

19. UNDERTAKER ..... U.S. Director of Health.
(Address)

20. FILED ..... 1935 Mar. Asst. Registrar. ..... Registrar.

23 1935 Oct 1825

THE MORGUE Oct 1825

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | |
| Hemiplegia. | |

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Dron Laurel Race track.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt M. D.
Coroner

10/23/35 (Address) 1017 E. Charles St.

E 17058

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17058

## CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Baltimore General Hospital 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Brice.(C)

(a) Residence: No. 125 Welcome Alley. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Do not know. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 24 | ----- | ----- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 26th 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epilepsy. | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Steinhardt M. D.
Coroner

10/23/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

OCT 25 1935

THE MORGUE

17059 F 17059

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Premature Boy Cleveland

If U. S. Veteran specify WAR

(a) Residence: No. 108 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | S |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 0 1 | 33 hrs. 38 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Morgan Cleveland

14. BIRTHPLACE (city or town) (State or country) Spanish Point Maryland

MOTHER

15. MAIDEN NAME Nanita Agneta Lane

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 25, 1935

19. UNDERTAKER Commissioner Health

(Address)

20. FILED Oct 25 1935 Registrar Williams Records

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935, to Oct 21, 1935

I last saw h[illegible] alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 2.0 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (2 Wks) | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morgan Sterling M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 17060

17060 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Randolph Sewell

(a) Residence: No. 710 W. Lafayette Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (Write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Sept. 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Harry Sewell

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Annie Saunders
(Address) 638 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 10/26 1935

19. UNDERTAKER Frances A. Hendley
(Address) 578 W. Biddle St.

20. FILED 25 1935 Huntington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilitation | 10/24/36. |
| | |
| | over |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Orrin B. Wallace M. D.
Coroner

(Address) 1931 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 17061

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17061

## CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Northwestern Police Station 26 Ward)

Pronounced Dead at University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. Lifetime mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME WILLIAM L. KELLY (Veteran World War)

(a) Residence: No. Calumet at Gunther Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie C. Kelly

6. DATE OF BIRTH (month, day, year): Feb. 6, 1898

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 37 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Driver Laundry Wagon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: William Kelly

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Emily Warren

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Mrs. Nettie C. Kelly

(Address) Calumet at Gunther Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Oct. 26, 1935

19. UNDERTAKER: Chas. F. Grace & Son

(Address) 1 W. Mad. Street

Huntington Williams, Jr.

OCT 25 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation by Hanging | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct. 23, 19

Where did injury occur? N.W. Police Station
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury: This man was had a Mental Disorder, and this act was done during a temporary moment of Insanity

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Adams M. D.
Coroner

(Address) 2257 N. Howard

M. D. B 1268-9

F 17062

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17062

## CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 E. Preston St. St., 10 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS V. MALOOLY

(a) Residence: No. 1003 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Catherine Malooly

6. DATE OF BIRTH (month, day, year) May 20, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 72 | 5 | 1 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker- United Railway

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0078

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Thomas Malooly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Sommers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Elizabeth Malooly
(Address) 2937 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct. 26 1935

19. UNDERTAKER Chas F. Crawford
(Address) 118 W. Mt Royal Ave

Huntington Millspaugh

20. FILED 1935 Registrar. ####

T 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1935 to Oct 23 1935

I last saw him alive on Oct 21 1935. Death is said to have occurred on the date stated above, at 1230 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Tongue | |
| Myocardial Insufficiency | |

Other contributory causes of importance:

| | |
|---|---|
| Senile arteriosclerosis | |

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Bowers M. D.

(Address) 1 E. Mt Royal Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17063

17063

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 W. Fayette St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Leona Moody Bowling

(a) Residence: No. 1403 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry V. Bowling

6. DATE OF BIRTH (month, day, year) March 9, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del.

FATHER

13. NAME William T. Moody

14. BIRTHPLACE (city or town) (State or country) Del.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lester W. McCrea
(Address) 564 W. University Pky.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem'ty Date Oct. 26, 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED OCT 25 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1935 to Oct 24, 1935

I last saw her alive on Oct 24, 1935 Death is said to have occurred on the date stated above, at 3.05 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1920 |
| Arterio-Sclerosis | 1927 |
| Endocarditis | 1928 |
| Cerebral Embolus | 9/2/35 |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James C. Todd, M. D.

(Address) 735 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 17064

17064

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 Cobland a St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or (town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Josephine Kuchar

(a) Residence: No. 2124 Cobland Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kuchar

6. DATE OF BIRTH (month, day, year) Feb 17. 1848

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 87 | 8 Mo | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stary Myklosovice Czecho-Slovakia

FATHER

13. NAME Matej Benes

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Veronica Boudnikova

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Josephine Bujeta
(Address) 2124 Cobland ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lyndenner Date Oct 28. 1935

19. UNDERTAKER Frank Grach & Son
(Address) 1526 Eastlander

20. FILED OCT 25 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11. 1935 to Oct 24. 1935

I last saw her alive on Oct 24. 1935. Death is said to have occurred on the date stated above, at 11.15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio Vascular Renal Disease | |
| Other contributory causes of importance: | |
| acute uraemia | |

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

17065 ✓F 17065

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ×50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Beulah Hale Price

(a) Residence: No. Phoenix, Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of T. Howard Price

6. DATE OF BIRTH (month, day, year) Nov. 14 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 37 | 11 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland.

FATHER

13. NAME Geo. Hale

14. BIRTHPLACE (city or town) Balto Co. (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Hoard

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

17. INFORMANT T. Howard Price

(Address) Phoenix, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Glyndon Cemetery Date Oct. 28 1935

19. UNDERTAKER Wm. C. Burdette & Son

(Address) Sparks, Md

20. FILED Oct 28 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1935 to Oct. 26, 1935

I last saw her alive on Oct 26, 1935 Death is said to have occurred on the date stated above, at 3:05 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic carcinoma of the liver. | |
| Other contributory causes of importance (Rt) Carcinoma of Breast 2 yrs ago. | |

Name of operation Exploratory Laparotomy Date of Oct. 12, 1935

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. W. Overstreet, M. D.

(Address) Woman's Hospital.

OCCUPATION is very important. See instructions on back of certificate.

17066 E 17066

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1131 Brentwood St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Laura E. Nothnagel

(a) Residence: No. 1131 Brentwood St., Ward.
(Usual place of abode) 50 (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced (or) WIFE of Robert Nothnagel

6. DATE OF BIRTH (month, day, year) Feb 4-867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schwarzfar

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William H Nothnagel Son
(Address) 1131 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthias Date Oct 26 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

Registrar.

20. FILED OCT 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1930 to Oct 24 1935
I last saw her alive on Oct 24 1935 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Uraemia Coma | 5 days |
| Chr. Interstitial Nephritis | ? |
| Diabetes Mellitus | 1920 |
| Arteria Sclerosis | ? |
| Other contributory causes of importance: | |
| Chr Myocarditis | ? |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Physical (Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. L. Geraghty M. D.

(Address) 1 E Biddle St

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

17067 ✓ F 17067

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 N. Kenwood Ave St., ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Rosa Thoms

(a) Residence: No. 234 N. Kenwood Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ~~Female~~ | White | Widowed |

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William L. Thoms

6. DATE OF BIRTH (month, day, year) May 6 - 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 5 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George P. Ehrman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Craig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Hoffman

(Address) 2926 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date 10/28 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED Huntington Funeral Home

OCT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1935 to Oct 25 1935

I last saw her alive on Oct 25 1935 Death is said to have occurred on the date stated above, at 8-35 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Oct 25 |
| | |
| | |
| Other contributory causes of importance: Hemiplegia | 2 days |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17068

17068

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospital (Dr 1210-M

CITY OF BALTIMORE: (No.) Bel Air Rd & Moravia Blvd (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew J. Deiterly

(a) Residence: No. 4120 Moravia Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of / WIFE of: Jennie H.

6. DATE OF BIRTH (month, day, year) Dec 17-1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Deiterly

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Agnes V. Kaye

(Address) 4126 Moravia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 10/28 1935

19. UNDERTAKER William Cook

(Address) 517 St Paul St

20. FILED 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH 1154 M

21. DATE OF DEATH (month, day, year) 10/25 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.15A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broken Neck | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? See Date of injury 10/25 1935

Where did injury occur? Bel Air Rd & Moravia Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walking across street

Nature of injury Struck by Auto

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hubert Guyton Jr Coroner, M. D.

(Address) 5142 Harford Rd

M. D. B 1268-9

✓ F 17069

17069

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Neal Braxton

(a) Residence: No. 221 N. Spring St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Daniel Braxton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucie Hughes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Julius Braxton

(Address) Lynchburg Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 26, 1935

19. UNDERTAKER John W. Henderson

(Address) 1624 E. Monument St

15 Huntington Ave Registrar.

OCT 26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (Rt) | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Abscess of Lung

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenken, M. D.

Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 17070

17070

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 62

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME James Jowen

(a) Residence: No. 117 East Chesapeake Ave. Ward. Towson, Md.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 40 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Self.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest cem. Date 10-26-1935

19. UNDERTAKER Bryson & Mamie W. Knight

(Address) 1218 N. Eldderry St. Huntington Williams, Jr.

10-26 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 10-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-16-1935 to 10-24-1935

I last saw him alive on 10-24-1935. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pellagra | 9-10-35 |
| | |
| | |
| | |

Other contributory causes of importance:

Chronic myocarditis
Chronic gastroenteritis

Was an operation performed? No Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. L. Jackson, M. D.

(Address) 600 N. Arlington

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B 1268-9

17071

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17071

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T Bryant

If U. S. Veteran specify WAR Yes

(a) Residence: No. 610 N Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col'd | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Amandia Bryan

6. DATE OF BIRTH (month, day, year) Sept 1 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Thomas Bryan

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Amandia Bryan

(Address) 610 N Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 26 1935

19. UNDERTAKER Robert E Wilson

(Address) 1515 Monument

Oct 28 1935 Huntington Ave Registrar.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | Chronic |
| | 10 |
| | 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Aisquith St

30542⁵ 30072 ✓ F 17072

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Civil

2. FULL NAME Arthur Land

(a) Residence: No. 3311 Remley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | Black | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-9-35

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 4 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Land

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME Emma Warthy

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Oct 26 1935

19. UNDERTAKER Robert McGuire & Son

(Address) 1535 McElderry St

FILED 26 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935 to Oct 24, 1935

I last saw him alive on Oct 24, 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diarrhea | 10-19 |
| | |
| | |
| | |
| Other contributory causes of importance: O.T.I.: media | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Lewis Huntington M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

F 17073

17073

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4909 Eastern ave St., 76 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Schlaile

(a) Residence: No. 4909 Eastern Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gottfried Schlaile

6. DATE OF BIRTH (month, day, year) Sept 20 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ludwig Wirtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gottfried Schlaile
(Address) 4909 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date 10/27, 1935

19. UNDERTAKER Leo J Cook
(Address) 1103 Patterson Park ave.

20. Filed OCT 26 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1935, to Oct 24th, 1935, last saw her alive on Oct 24th 20, 1935. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| Myocarditis | Chron |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Adam Tod, M. D.

(Address) 4216 Eastern Ave

V. S. 8

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

(Schwarz) ✓ F 17074

F 17074 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

**CERTIFICATE OF DEATH** 23

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. 17 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Adam Schwarz — If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Linden Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 6 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 1 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schaefer Mfg Co.

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Schwarz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred C. Schwarz Son
(Address) Leland Florida

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Oct. 28 1935

19. UNDERTAKER Philip Herwig Jr.
(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar.

O 4035

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance: Congested Lungs + Liver

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. Haan M. D.
Coroner

(Address) 215 Hanover

F 17075

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Brady — If U. S. Veteran specify WAR

(a) Residence: No. 2613 E. Oliver St., Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theresa

6. DATE OF BIRTH (month, day, year): 11-2-85

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Straw Hat Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tenn

FATHER

13. NAME: Michael Brady

14. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER

15. MAIDEN NAME: Mary Daniel

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place: Holy Redeemer Date: Oct 28, 1935

19. UNDERTAKER: Philip Stenzig Sons

(Address) 2016 Orleans St

OCT 28 1935

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935 to Oct 25, 1935

I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 12 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis acute, ruptured | Oct 17, 35 |
| | |
| | |
| Other contributory causes of importance: | |
| Colon Bacillus peritonitis | Oct 18, 35 |
| Pneumonia, bronchial | Oct 24 |

Was an operation performed? yes Date of Oct 20, 1935

For what disease or injury? appendicitis

Name of operation Appendectomy Date of Oct 20, 1935

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Keil M. D.

(Address) Johns Hopkins Hospital

M. D. B 1263-9

✓ F 17076

F 17076

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513, W. Fairmount St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Shirley Innes

(a) Residence: No. 1513 W. Fairmount ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) aug 25-1930

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 5 | 1 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. md

FATHER

13. NAME John Innes

14. BIRTHPLACE (city or town) (State or country) Brooklyn md

MOTHER

15. MAIDEN NAME Mary Ranier

16. BIRTHPLACE (city or town) (State or country) Brooklyn md

17. INFORMANT John Innes

(Address) 1513 W. Fairmont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 26, 1935

19. UNDERTAKER Mrs Katie P. Williams

(Address) 327 N. Schroeder St.

20. Filed ... 19 ... Registrar.

OCT 26 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24-35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to her death on the day stated above, at 4.30 pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 5 yrs |
| | |
| | |
| | |

Other contributory causes of importance: Spinal paralysis from birth

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson ave

OCCUPATION is very important. See instructions on back of certificate.

✓ F 17077

17077

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-T

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR .....

2. FULL NAME Nathan Brown
(a) Residence: No. 1207 W Franklin St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married Sep |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha.

6. DATE OF BIRTH (month, day, year) Apr. 1889

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER
13. NAME Henderson Brown
14. BIRTHPLACE (city or town) (State or country) Newberry S.C.

MOTHER
15. MAIDEN NAME Matilda Cannon
16. BIRTHPLACE (city or town) (State or country) Newberry S.C.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Newberry, S.C. Date Oct. 26, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Ste.

20. FILED ....., 19..... Registrar.

1935

OCCUPATION IS VERY important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1935 to 10/25, 1935
I last saw him alive on 10/25, 1935 Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 3 wk. |
| Arteriosclerosis | " |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert A Reiter M. D.
(Address) Balto City Hospl

✓ F 17078

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17078 × 93-C

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. George Gebb.

(a) Residence: No. Sansdowne, P.O. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of Lettie - Gebb

6. DATE OF BIRTH (month, day, year) Feb 9th 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 11 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Adam Gebb

14. BIRTHPLACE (city or town) ..... (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Eisele

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Lettie Gebb (Address) Sansdowne Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 10/26/35

19. UNDERTAKER F. B. Wagner & Son (Address) 150 W. Baltimore St. Baltimore Md.

OCT 26 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h[illegible] alive on 10-23-35, 19..... Death is said to have occurred on the date stated above, at 8 30 p.m..

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Heart Disease due to Rheumatic fever | 1933 |
| | |
| | |
| Other contributory causes of importance: Benign Prostatic Obstruction | 1934 |
| Coronary Thrombosis | 10-23-35 |

Was an operation performed? md Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? md If so, specify .....

(Signed) Lewis B Whitney M. D.

(Address) St Agnes Hospital

17079

305461

F 17079

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

133

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Poniatowski

(a) Residence: No. 712 S Luzerne St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-17-17

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 1 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benny Poniatowski

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Oct. 28th 1935

19. UNDERTAKER George A. Weber
(Address) 700 S Conkling St

20. FILED OCT 28 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to Oct 25, 1935

I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 2 Trauma | |
| Chr. Pyelonephritis | 1932 ? |

Other contributory causes of importance:

| | |
|---|---|
| Stricture of Post. Urethra | ? |
| | Aug |

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Retrograde Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Burkland, M. D.

(Address) Johns Hopkins Hosp Baltimore, Md

M. D. B. 1263-9

17080 F 17080

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S. Fulton Ave. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Tayman

(a) Residence: No. 123 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1898.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 37 | 7 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edgar R. Tayman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura R. Schilling

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Edgar R. Tayman
(Address) 123 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 28, 1935

19. UNDERTAKER Harry A. Wiggle
(Address) 4101 Edmondson Ave.

OCT 26 1935 Registrar.

RPD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1- 1934 to Oct 24 1935

I last saw h. alive on Oct 24 1935. Death is said to have occurred on the date stated above, at 9:18 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rt. Breast | 1931 |

Other contributory causes of importance:

Name of operation Removal of Breast Date of 1931

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Sagnetti M. D.

(Address) 1729 W. Lombard St.

OCCUPATION is very important. See instructions on back of certificate.

17081 F 17081

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ X 152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen M. Gaedelmann

(a) Residence: No. Glenburnie, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 6 | 5 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glen Burnie (State or country) Md.

FATHER

13. NAME Wm. H. Gaedelmann

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Victoria Sterling

16. BIRTHPLACE (city or town) Prince George Co. (State or country) Md

17. INFORMANT William H. Gaedelmann

(Address) Glen Burnie, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 28 35

19. UNDERTAKER John F. Denny

(Address) 715 Light St

Washington Funeral Home

26 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1935 to October 25, 1935

I last saw h.r alive on October 25, 1935. Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis of face | Oct 16 |
| Cavernous sinus thrombosis | Oct 17 |
| Septicemia | Oct 20 |

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 17

For what disease or injury? Cellulitis of face

Name of operation Incision skull Date of Oct 17

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. H. Rieman, M. D.

(Address) University Hospital

F 17082

17082

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred Tunstall

(a) Residence: No. 405 N. Fremont ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 25 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Robert Tunstall

14. BIRTHPLACE (city or town) .....
(State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Cawthorne

16. BIRTHPLACE (city or town) .....
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Cem. Date Oct 28th 35

19. UNDERTAKER Chas. O. Wilson
(Address) 700 Braintree.

20. FILED 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to October 24, 1935.
I last saw him alive on October 24, 1935. Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | March 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Arthur Karfgin M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

17083 F 17083

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 686 W. Mulberry St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Robinson

(a) Residence: No. 686 W Mulberry St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas R. Robinson

6. DATE OF BIRTH (month, day, year) Feb 14 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Fairfax Co. Va

FATHER

13. NAME Sam Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Horn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jas R. Robinson
(Address) 686 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Manassas V.A. Date Oct 27 1935

19. UNDERTAKER Elroy Allen
(Address) 1600 Pennsylvania Ave

OCT 26 1935

..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 5 1935 to Oct 24 1935

I last saw him alive on Oct 24 1935 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Caseous Phthisis | Aug 5 1935 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Pneumonia.

Name of operation ..... Date of .....

What test confirmed diagnosis? Required autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. D. Funk M. D.

(Address) 1601 Pa Ave

M. D. P. 1268-9

F 17084

F 17084

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Webster St., 2d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Son of: Mr. & Mrs. Chas. A. Lynch

(a) Residence: No. 1328 Webster St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, 6 hrs. or ..... min. |
|---|---|---|---|---|
| | - | - | -1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles A. Lynch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Theresa A. Hanline

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Mr. Chas. A. Lynch
(Address) 1328 Webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct. 26, 1935

19. UNDERTAKER [illegible]
(Address) 1400-02 E. Chase St.

20. FILED [illegible] 19..

OCT 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1935, to Oct. 26, 1935

I last saw him alive on Oct. 25, 1935 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Debility | |
| Other contributory causes of importance: | |
| Euthanasia | |

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

10/26/35 (Signed) H. F. Campbell M. D.
(Address) 1644 Hanover St

F 17085 F 17085

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.
If U. S. Veteran specify WAR

2. FULL NAME Baby Sigai

(a) Residence: No. 6000 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Oct 25 1935

| 7. AGE Years | Months | Days | If LESS than 1 day ..hrs. or 15 min. |
|---|---|---|---|
| — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew M. Sigai
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Page
16. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

17. INFORMANT Mrs Mary Page Sigai
(Address) 6000 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART Date Oct. 28 1935

19. UNDERTAKER Wm. B. Connelly
(Address) Essex Md.

20. FILED ..19.. Registrar

OCT 27 1935 Health Department

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935 to Oct 25, 1935
I last saw h.. alive on Oct 25, 1935 Death is said to have occurred on the date stated above, at 5:43 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth (about 4½ mo. gestation) | Oct 25, 1935 |

Other contributory causes of importance: None

Was an operation performed? No Date of None
For what disease or injury?
Name of operation None Date of None
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury No 19..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Edward P. Smith M. D.
(Address) 920 St Paul St

M. D. H. F 17086 F 17086

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5001 Gwynn Oak Ave., 28 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? 62 yrs. mos. ds.

2. FULL NAME Mary L. C. Gross

(a) Residence: No. 5001 Gwynn Oak Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christian W. Gross

6. DATE OF BIRTH (month, day, year) Jan 21 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 67 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Koring

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Pauline Dersky

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr Christian Gross

(Address) 5001 Gwynn Oak Ave

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place Mem Cathedral Cem. Date Oct 29 1935

19. UNDERTAKER Jos Frezzendy & Son

(Address) 217 S Broadway

20. FILED OCT 27 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to Oct 26, 1935

I last saw her alive on Oct 26, 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension | indefinite |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Hemorrhage | 5 days |

Name of operation none Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ....., 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) F. T. Keyser, M. D.

(Address) 3321 Orleans Ave

F 17087

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17087

11-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1652 Ruxton ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 39 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa Shahuro

(a) Residence: No. 1652 Ruxton St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frausa

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Kanter

(Address) 1705 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL 10-27-35

Place Druid Hill Park Date ..... 19

19. UNDERTAKER Jack Lewis Inc

(Address) 439 E Baltimore st

20. FILED OCT 27 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1935, to Oct. 26, 1935

I last saw her alive on Oct. 26, 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-Pneumonia | 10/23/35 |
| Other contributory causes of importance: | |
| Influenza | 10/22/35 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton H. Cumsey M. D.

(Address) 2310 Eutaw Pl.

F 17088 F 17088

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital 3 Registered No. 172-A

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Maged

If U. S. Veteran specify WAR .....

(a) Residence: No. 1116 E. Lombard St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 84 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bath House Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herzog Rem Date 10/27/35

19. UNDERTAKER Jos. Levin Inc

(Address) 1431 E. Baltimore St

20. FILED OCT 27 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935 to Oct 25, 1935

I last saw him alive on 10/25, 1935 Death is said to have occurred on the date stated above, at 9 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Strangulated epigastric hernia

Was an operation performed? yes Date of 10/21/35

For what disease or injury? Strangulated hernia

Name of operation Herniorrhaphy Date of 10/21/35

What test confirmed diagnosis? P. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore E. Mandy M. D.

(Address) 635 E. Fort Ave

F 17089 F 17089

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. University Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Frank Storch If U. S. Veteran specify WAR

(a) Residence: No. 3312 Elgin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Soloman Storch

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Holmes Forrest Lem. Co. Date 10/27/35 19

19. UNDERTAKER Jos. Lenz Inc
(Address) 1459 E Baltimore St

20. FILED 10/27 1935 Huntington Williams M.D.
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 . 1935 to Oct 25 . 1935

I last saw h. alive on Oct 25 . 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung | 1934 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. H. Reese , M. D.

(Address) University Hospital

F 17090

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17090

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Hemanitch.

(a) Residence: No. 730 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day.....hrs. or .....min. |
|---|---|---|---|
| 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Gafinkle

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Bowman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 10/27/35 19

19. UNDERTAKER Louis Levin
(Address) 1439 E. Baltimore St.

20. FILED OCT 28 1935 Huntington Ave & Fairmount Ave.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/9/35, 19..... to 10/25/35, 19.....

I last saw h.e.r. alive on 10/25/35 19..... Death is said to have occurred on the date stated above, at 1:40 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Insufficiency | |
| Cardiac Hypertrophy & Dilatation. | |
| Rheumatic Ht. Disease. | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |
| Uremia | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Jeffay, M. D.

(Address) Sinai Hospital

17091 F 17091

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating in the water at 24 Registered No. X 166

CITY OF BALTIMORE: (No. Foot of Henry St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 54 yrs. ---- mos. ---- da.

2. FULL NAME John C. Sandner.

(a) Residence: No. Spring Grove Hospital. 9 yrs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of Mary A. Sandner.

6. DATE OF BIRTH (month, day, and year) September 21, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 54 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker. 0003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia.

FATHER

13. NAME Andrew Sandner.

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia.

MOTHER

15. MAIDEN NAME Margaret Potzl.

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia.

17. INFORMANT Mary A. Sandner. (wife)
(Address) 3432 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 28 1935

19. UNDERTAKER A. J. Marshall
(Address) 3334 Lake Ave

20. FILED OCT 27 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Missing October 15, 1935 Found October 25, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by drowning. | |
| White demented. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto W. Reinhardt, M. D. Coroner

10/25/35 (Address) 1017 N. Charles St.

M. D. F 126

F 17092

F 17092

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 St. Paul St. St., 12 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JULIA GOLDSBOROUGH HELFRICH.

(a) Residence: No. 3029 St. Paul St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 12th/ 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 54 | ::::::: | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Henry P. Goldsborough

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Helena McManus

16. BIRTHPLACE (city or town) Balto, Md,
(State or country)

17. INFORMANT Henry V: Helfrich
(Address) 3029 St, Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct. 28th 19

19. UNDERTAKER Chas. S. Powell & Son
(Address) 115 W. Mt. Royal Ave.

20. FILED 19 Registrar.

10 27 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26th. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Oct 26 1935
I last saw h.. alive on Oct 26 1935. Death is said to have occurred on the date stated above, at 4.4 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Rectum | unknown |

Other contributory causes of importance:

Metastasis Carcinoma of Liver

Name of operation Exploratory Date of June

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Chas. H. Goldsborough M. D.

(Address) 7443 St Paul St.

F 17093 Blume ✓ F 17093

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH Baltimore City Hospital 9
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie D. Blume

(a) Residence: No. 1375 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Blume

6. DATE OF BIRTH (month, day, year) Sept 26, 1870

| 7. AGE Years | Months | Days | If LESS 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 9 | 26 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred Koenig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis Bauman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place IMMANUEL Date 10/27, 193

19. UNDERTAKER L. HEEMANN & SON
(Address) 32 S. BROADWAY

20. FILED 19 Registrar.

OCT 27 1933

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-11-33, 19, to 10-24-33, 19

I last saw her alive on 10-24-33, 19 Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

| | Duration between onset and death |
|---|---|
| Central Hemorrhage | 10-24-33 |
| Uremic Pneumonia | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto City Hospitals

M. D. F. 1268-9

F 17094

F 17094

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 852 E. Pratt St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Lynch

(a) Residence: No. 852 E Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Lynch

6. DATE OF BIRTH (month, day, year) Unknown 1870

7. AGE 65y | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown Burns

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Anne Lynch 102 S. High St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Oct 28, 1935

19. UNDERTAKER (Address) Frank Della Rose 52 N Monroe St

Filed ..., 19... Registrar.

27 1935

IF SO VETERAN SPCIFY WAR

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Oct 26, 1935

I last saw her alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Ch. Myocarditis | |
| Ch. Nephritis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Albert Scaquetti M. D.

(Address) 1729 W Lombard St

F 17095 ✓ F 17095

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Holbrook St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Bridge

If U. S. Veteran specify WAR

(a) Residence: No. 1523 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Matilda M. Bridge

6. DATE OF BIRTH (month, day, year) August 3 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 2 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator 0486

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cage Bldg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Bridge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Feter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Matilda M. Bridge

(Address) 1523 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Oct. 29 35

19. UNDERTAKER Henry Hoelscher, Inc

(Address) 1301 E. Eager St

20. FILED Oct 29 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6 1935 to Oct. 26 1935

I last saw him alive on Oct. 25 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | 3/6/35 |

Other contributory causes of importance:

Cardiac Insufficiency

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. D. Hayden M. D.

(Address) 1216 N. Caroline St

F 17096

M.O. B 1268-9

F 17096

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Linden Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pinkie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1526 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex Co. Va
(State or country)

FATHER

13. NAME John (not known)

14. BIRTHPLACE (city or town) Essex Co. Va
(State or country)

MOTHER

15. MAIDEN NAME Emily Warren

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Emma Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/29/35 19

19. UNDERTAKER Frances A Hemsley
(Address) 578 W. Biddle St.

20. FILED Oct 31 1935 19 Fairfax Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said I/I (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12.40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| A Cute Gastritis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A Hann Coroner, M. D.

(Address) 1215 Hanover

F 17097 ✓ F 17097

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34d-107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Garnet

(a) Residence: No. 769 Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/9/1895.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Barney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 10/28/ 1935

19. UNDERTAKER Francis A. Henkley

(Address) 578 W. Biddle St.

20. FILED 27 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1935 to 10/24 1935

I last saw her alive on 10/24 1935. Death is said to have occurred on the date stated above, at 11.45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Duration of interval |
|---|---|
| Bronchopneumonia | 8 days |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 17098 ✓ F 17098

30490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

114-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 1st Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Leona Brown

(a) Residence: No. 2239 Brunt St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored Black | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/24/05 -

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafeteria

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Brown M D -

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Va. -

17. INFORMANT Records - JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/28 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1935 to Oct 24 1935

I last saw her alive on Oct 24 1935 Death is said to have occurred on the date stated above, at 5-20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung abscess | Sept. 9, 1935 |
| Other contributory causes of importance: | |
| Hemoptysis | Oct. 11 1935 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John [illegible] M. D.

(Address) The Johns Hopkins Hospital -

F 17099

M. DRB 1262-9

F 17099

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

149-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR X

2. FULL NAME Evelyn Peters

(a) Residence: No. 1520 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Peters

6. DATE OF BIRTH (month, day, year) Feb 2 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ellicott City (State or country) Maryland

FATHER

13. NAME Benjamin Crawford

14. BIRTHPLACE (city or town) Ellicott City (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence Rhodes

16. BIRTHPLACE (city or town) Howard County (State or country) Md.

17. INFORMANT Ruth Wright (sister in law)

(Address) 1326 N. Bethune St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/27 1935

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Pressman St.

20. FILED [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine hemorrhage | |

Other contributory causes of importance: detached placenta

Was an operation performed? yes Date of Oct 24

For what disease or injury? detached placenta delayed labor

Name of operation Cesarian section Date of Oct 24

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B 126 F 17100 ✓ F 17100

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. X mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Katherine Fishpaugh

(a) Residence: No. Lutherville St., ..... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 17, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Md.

FATHER

13. NAME Henry B. Fishpaugh

14. BIRTHPLACE (city or town) (State or country) Lutherville Md.

MOTHER

15. MAIDEN NAME Amelia B. Miehe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry B. Fishpaugh

(Address) Lutherville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 29, 1935

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1112 E. North Ave.

F 17101

305326

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17101

34-70-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Irene Ralph

(a) Residence: No. 510 N. Gay St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack

6. DATE OF BIRTH (month, day, year) 6-1-99

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 4 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NW

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Wembley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lena Davis

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Friendship Date Oct. 27, 1935

19. UNDERTAKER Chas. Sonnheim & Son
(Address) 1902 Eutaw Pl.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935, to Oct 26, 1935

I last saw her alive on Oct 26, 1935 Death is said to have occurred on the date stated above, at 11:43 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aplastic anemia probably | Oct. 1, '35 |
| due to arsphenamine, | |
| Purpura hemorrhagica | |

Other contributory causes of importance: over

Was an operation performed? N.O. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. J. Cross, M. D.

(Address) The Johns Hopkins Hospital

M. P. B. 1914 F 17102 ✓ F 17102

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

9th B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S. Ann St., V Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 22 yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Lentanowski

(a) Residence: No. 529 S. Ann St., 2 Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaw Kalinowski

(Address) 529 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 29, 1935

19. UNDERTAKER John M Welby

(Address) 401 S. Chester St

20. FILED ....., 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935, to Oct. 26, 1935

I last saw her alive on Oct. 25, 1935 Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Kenworthy, M. D.

(Address) 2574 Eastern Ave.

M. D. B. 1268-6

F 17103 ✓ F 17103

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

173 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 N. Bond St. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Zielinski

(a) Residence: No. 945 N. Bond St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 11, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wladyslaus Zielinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stanislawa Meczkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wladyslaus Zielinski

(Address) 515 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct 28, 1935

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound of heart | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Gunshot Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct 27, 1935

Where did injury occur? 945 N. Bond St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol shot - Bullet wound Heart

Nature of injury Bullet Wound Heart - Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Harl Schnitzer, M. D. Coroner

(Address) 1719 E. North Ave.

F 17104 ✓ F 17104

29980

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Lewandowski

(a) Residence: No. 234 S Chapel St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-24-21

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 14 | 6 | 1930 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Harrick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 28, 1935

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

FILED Oct 27 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Oct 23, 1935

I last saw him alive on Oct 23, 1935. Death is said to have occurred on the date stated above, at 11 45 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Infarction | 10/20/35 |
| Rheumatic Heart Disease | 1931 |
| Cardiac Failure | June, 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Haslett, Jr. M. D.

(Address) Johns Hopkins Hospital

17105

302279

F 17105

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 54-2

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Deitz

If U. S. Veteran specify WAR .....

(a) Residence: No. R-D- York St., ..... Ward. Penna

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-15-32

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Edward Deitz

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mamie Pauer

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Dallastown Pa. Date Oct 29 35, 19

19. UNDERTAKER Philip Herring Sons

(Address) 2316 E. Lanvale St.

20. FILED ..... 19 ..... Registrar.

OCT 27 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1935, to Oct 27, 1935

I last saw h... alive on July 29, 1935. Death is said to have occurred on the date stated above, at 450 Am.

The principal cause of death and related causes of importance were as follows:

Cellulitis Leg — Date of onset 10-7-35

Other contributory causes of importance:

Lymphosarcoma leg — none

Was an operation performed? yes Date of 10-1-35

For what disease or injury? Hondoleon

Name of operation Hondoleon Date of

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Warthington, M. D.

(Address) Johns Hopkins Hosp.

F 17106

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17106

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Caroline St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life; How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George Bernard Rohmuller

(a) Residence: No. 1609 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of (or WIFE of) Bertie Robinson

6. DATE OF BIRTH (month, day, year) Jan 1-1891

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 44 | 9 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector C&S
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Govt.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Detrick Rohmuller.
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Catherine DeRope
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bertie R. Rohmuller
(Address) 1609 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Date 10/28 1935
Place Greenmount
19. UNDERTAKER William Cook
(Address) 217 E. Saint Paul St

20. FILED 10-28 1935 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Oct 26th 1935

I last saw him alive on Oct 26th 1935. Death is said to have occurred on the date stated above, at 1:20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Diffuse Hepatization | 1933 |
| Chronic Endocarditis & Hypertrophy | |
| Arterio-sclerosis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Silverhart M. D.

(Address) 1901 Eutaw Place

M F 17107

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17107

## CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 6 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanch A Greenwood

If U. S. Veteran specify WAR No Record

(a) Residence: No. 9 Irving Place St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Warner Greenwood

6. DATE OF BIRTH (month, day, year) Feb. 2 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 58 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. homemaker

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James J Hess

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julian G Bailey

(Address) 9 Irving Place

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 28 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED OCT 28 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry + autopsy (Inquest, Autopsy or Inquiry) that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute peritonitis | Oct 24 |
| for ruptured peptic ulcer | Oct 22 |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 17108

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17108

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 577 Laurens St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Rose Lee Stack

(a) Residence: No. 577 Laurens St., ..... Ward. .....
(Usual place of abode) Life (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) Oct 21st 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 0 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph A. Stack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah L. Kirby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph A. Stack
(Address) 577 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

LICENSE Commissioner of Health, Baltimore, Md. Registrar.

CT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935, to Oct 26, 1935

I last saw her alive on Oct 26, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch Nephritis. | |
| | |
| | |
| | |
| Other contributory causes of importance: — | |
| | |

Was an operation performed? No Date of ———

For what disease or injury? ———

Name of operation ——— Date of ———

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ....., 19....

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ———

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

F 17109

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17109

93-C

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Lemmon St. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha E. Morrow

(a) Residence: No. 1928 Lemmon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Morrow.

6. DATE OF BIRTH (month, day, year) 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maud Morrow St.
(Address) 1928 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 10/28/35

19. UNDERTAKER Geo. L. Schwab
(Address) 210 Frederick Ave.

20. FILED 23 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 35. to Oct 25, 1935.

I last saw h. e alive on Oct. 25, 1935. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic cardiovascular disease | 1 yr. ago |
| Other contributory causes of importance: Acute cardiac dilatation | 1 day ago |

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

F 17110

F 17110

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 349-107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Meyer

(a) Residence: No. 804 Darley Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz.

6. DATE OF BIRTH (month, day, year) 6/22/58

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Amelia Bereseh

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Oct 28 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

Registrar.

20. FILED OCT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1935, to 10/26, 1935

I last saw him alive on 10/26, 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 5 |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 17111

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17111

## CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 W Lanvale St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Marbury

(a) Residence: No. 159 W. Lanvale St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sulvine S. Marbury

6. DATE OF BIRTH (month, day, year) Dec. 26 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 10 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Prince George's County Maryland

FATHER

13. NAME Fendall Marbury

14. BIRTHPLACE (city or town) (State or country) Prince George's County Maryland

MOTHER

15. MAIDEN NAME Katherine Marshall

16. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

17. INFORMANT William L. Marbury Jr.
(Address) 159 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 28 1935

19. UNDERTAKER Lenny M. Frankis & Son Co
(Address) McCulloh & Robert Sts

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from OCT 4, 1935 to OCT 26, 1935

I last saw him alive on OCT 25, 1935 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis - Senescent | |
| Acute Bronchitis, | |
| Bronchopneumonia | |
| about 22 days. | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiovascular | |
| failure - | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carroll Lockard M. D.

(Address) 4 E Preston St

F 17112

M. D. 126

F 17112

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

14 32 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 Linden Ave. St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura V. Barnes

(a) Residence: No. 2038 Linden Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) --

17. INFORMANT Alice H. Covington
(Address) 1315 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Oct. 28, 35

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1[illegible] Eutaw Place

20. FILED 19 ..... Registrar

CT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 12 30 a.m.,

The principal cause of death and related causes of importance were as follows:

a Coronary Thrombosis,

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Kram Coroner, M. D.

(Address) 2315 N. North Ave.

F 17113

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17113

## CERTIFICATE OF DEATH

V 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Park Heights Av St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Lovett

(a) Residence: No. 3504 Park Heights Av St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Lovett

6. DATE OF BIRTH (month, day, year): June 20 1861

7. AGE: 66 Years | Months: 4 | Days: 7 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Kovno Russia

FATHER

13. NAME: Lazel Lovett

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Esbella Wessel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: David Lovett
(Address) 3504 Park Heights Av

18. BURIAL, CREMATION, OR REMOVAL.
Place Hebrew Rodedale Date Oct 28 1935

19. UNDERTAKER: Jos Levinson Bros.
(Address) 1127 E Baltimore St.

20. FILED: Oct 28 1935 Huntington Robertson [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Octob 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Octob, 1931 to octob 26, 1935

I last saw h.. alive on octob 26, 1935. Death is said to have occurred on the date stated above, at 4.40 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolism | Octob 1931 |
| Hemiplegia, Asteria Sclerosis | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Endocarditis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Joseph Lechner M. D.

(Address) 320 of Garrison Blvd

F 17114 · F 17114 ·

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. 15813

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Resnick

(a) Residence: No. 4147 Pimlico Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Lena.

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Morris Resnick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Chia —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham J. Levitan

(Address) 0859 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Md. Date Oct 28 1935

19. UNDERTAKER Levi Levinson Bros

(Address) 1127 E Baltimore St

20. FILED 19 [illegible]

OCT 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1935 to Oct 24 1935

I last saw him alive on Oct 24 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Oct 24 |
| Cardiac Failure | |
| Arteriosclerosis Cardiac | |
| Hypertrophy & Dilatation | 1915 |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) I. B. Gross M. D.

(Address) Sinai Hospital

F 17115

F 17115

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6011 Cedonia Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Burke

(a) Residence: No. 6011 Cedonia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Burke

7. DATE OF BIRTH (month, day, year) March 7/1874

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country) N.Y.

13. NAME Michael Fitzpatrick

14. BIRTHPLACE (city or town)
(State or country) Ireland

15. MAIDEN NAME Unknpwn

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Paul Burke
(Address) 6011 Cedonia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 10/28/35

19. UNDERTAKER Leonard Mench
(Address) 5305 Harford Rd.

20. FILED OCT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-15 19 34 to 10-25 19 35

I last saw h alive on 10-25 19 35. Death is said to have occurred on the date stated above, at 3 25 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | unknown |
| Other contributory causes of importance: Chronic Myocarditis | unknown |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John W. Machen M. D.

(Address) 6304 Belair Rd

F 17116

F 17116

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 107-a

1. PLACE OF DEATH Jenkins Memorial Hospt 35

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 35 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Cecelia M. Jarvis

(a) Residence: No. Upper Marlboro, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 yrs. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jenkins Memorial Hospt

(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Baltimore Md Date Oct 30 1935

19. UNDERTAKER Ritchie Bros.

(Address) Upper Marlboro Md

20. FILED 19 Registrar.

T 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1935 to 10/27 1935

I last saw h alive on 10/27 1935 Death is said to have occurred on the date stated above, at 8 20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mediastinal tumor | 1933 |
| Bronchopneumonia | 10/25/35 |

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert F Kelly M. D.

(Address) Upper Marlboro Maryland

F 17117

F 17117

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None

2. FULL NAME Edward Tuplett

(a) Residence: No. 1530 McKean Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| M | W. | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah B. Tuplett

6. DATE OF BIRTH (month, day, year) Nov 28-1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 10 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6075

10. Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Randallstown Md

FATHER

13. NAME Wm Tuplett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary E Hartman

(Address) Long Lane Rockdale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 29th 1935

19. UNDERTAKER Fortune & Sons

(Address) 2111 Pennsylvania Ave

Filed Oct 28 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1935

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1935 to October 27, 1935

I last saw him alive on October, 1935 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prostatic hypertrophy | |
| Urinary tract infection | acute |
| INFECTION | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Schwindell

(Signed) Paul S Schwindell, M. D.

(Address) University Hospital

F 17118

F 17118

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Garrison Blvd St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Rodenmayer

If U. S. Veteran specify WAR .....

(a) Residence: No. 218 W Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 24-1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 80 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) June 1917

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Rodenmayer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sophia Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary M. Brown

(Address) 218 W Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Oct 28 1935

19. UNDERTAKER H. J. Dieckmann & Sons

(Address) 27 E Lexington St

OCT 28 1935 19 ... Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4 1935, to Oct 26 1935

I last saw her alive on Oct 20 1935. Death is said to have occurred on the date stated above, at 7.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis | June 35 |
| | |
| | |
| Other contributory causes of importance: Edema Lungs | Aug |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E Gill Hall M. D.

(Address) 1601 E. North Ave

F 17119

F 17119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Gwynn Oak St., Ave 28 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Francis Ward

If U. S. Veteran specify WAR

(a) Residence: No. 4810 Gwynn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E. Ward

6. DATE OF BIRTH (month, day, year) July 30 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R.

10. Date deceased last worked at this occupation (month, day, year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Ward

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Debora Cromwell

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Lillian E. Ward

(Address) 4810 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 28, 1935

19. UNDERTAKER Tom J. Tubner & Son

(Address) North & Pennsylvania Ave

Huntington Williams

20. FILED 28 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935 to Oct 25, 1935

I last saw h[illegible] alive on Oct 25, 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemic Coma | Oct 22/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cystitis - Sclerosis | |
| about 10 yrs | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Lestrode Ewalt, M. D.

(Address) 2945 St. Paul St.

F 17120

No. 5343 17120

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X✓107-W

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME William R. West

(a) Residence: No. Randallstown St., ____ Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah McFarland West

6. DATE OF BIRTH (month, day, year) 6-4-57

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 78 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Clarkson West

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Isabel Blain

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem Date Oct 28 1935

19. UNDERTAKER J. H. Feehley Sons
(Address) 2 W. Lanvale St

20. FILED Oct 28 1935, 19____ Registrar ____

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935 to Oct 26, 1935

I last saw him alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | last 2 d |
| Amyotrophic Sclerosis | |
| Chronic urinary retention | |
| Benign prostatic Hypertrophy | |

Other contributory causes of importance:

Was an operation performed? no Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Carl E. Burkland, M. D.

(Address) J. H. H.

✓ F 17121

17121 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

93-6

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Travers (BROWN) Woodall

(a) Residence: No. 2127 Christian St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec 25 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| ~~71~~ 70 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter W Woodall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary E Tolley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ida Berry

(Address) 2127 Christian St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 30 1935

19. UNDERTAKER Wm J Tuckner & Sons

(Address) North & Penna ave

OCT 28 1935 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22. 1935 to Oct. 27 1935

I last saw him alive on Oct. 27 1935. Death is said to have occurred on the date stated above, at 5 10 a m.

The principal cause of death and related causes of importance were as follows:

Renal calculi contracted kidney
Contracted bladder heart disease - 4th degree congestion
pulmonary pneumonia fibrillation

Date of onset

Other contributory causes of importance:

Pulmonary emphysema ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Amon L Kemp M. D.

(Address) St Agnes Hosp

F 17122

# F 17122 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 O'Donnell St., 76 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... ns.

2. FULL NAME Charles Voelker

(a) Residence: No. 3502 O'Donnell St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Voelker

7. DATE OF BIRTH (month, day, year) Sept. 23-1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Engineering Co.

10. Date deceased last worked at this occupation (month and year) Oct 35

11. Total time (years) spent in this occupation 0

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Aug. Voelker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Voelker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida Voelker

(Address) 3502 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cem. Date Oct. 29 1935

19. UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St. Hunting Town Williams

28 1935 ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from December, 1934 to October 26, 1935

I last saw him alive on Oct. 26, 1935 Death is said to have occurred on the date stated above, at 7.50 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic valvular heart disease | |
| | |
| | |
| | |
| Other contributory causes of importance: Pulmonary Oedema | 10-26 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs of death. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St.

17123

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17123

## CERTIFICATE OF DEATH

98

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospitals St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. O'Neis
If U. S. Veteran specify WAR

(a) Residence: No. 1551 N. Stuper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara E Amrein

6. DATE OF BIRTH (month, day, year) Apl 24 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 6 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John L. O'Neis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem. Date Oct 29 1935

19. UNDERTAKER Henry J Ammerman & Son
(Address) 4204 Wedgewood Ave

FILED OCT 28 1935 19 Huntington Pikesville

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-16-35, 19..., to 10-26-35, 19...
I last saw him alive on 10-26-35, 19... Death is said to have occurred on the date stated above, at 1.55 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Gangrene of left foot | |
| | |
| | |
| | |

Other contributory causes of importance:
Hypertension.

Was an operation performed? Yes Date of 10-21-35
For what disease or injury? Gangrene
Name of operation Amputation Date of 10-21-35
What test confirmed diagnosis? Gratem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.
(Address) Balto. City Hospitals

17124 ✓ F 17124

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Belle Ave St., Forest Pk. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alverda V. Stran

(a) Residence: No. 4100 Belle Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P. Stran

6. DATE OF BIRTH (month, day, year) Feb 14 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 80 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William Rictor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT P. LeRoy Stran

(Address) 4100 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Oct 28 1935

19. UNDERTAKER Henry P. Stran Sons

(Address) 4204 Ridgewood Ave.

20a. FILED Oct 28 1935 Hunter Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to Oct 25 1935

I last saw her alive on Oct 25 1935 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 1935 |
| Coronary Attack | Oct 1935 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | 1935 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G. C. Stran M. D.

(Address) 4509 Fairfax Ave

F 17125

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17125

Registered No. 107-a

1. PLACE OF DEATH Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adelia McMillan

(a) Residence: No. 1824 W. Pratt-ream St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John McMillan

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: Years 39; Months; Days; If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: James Thompson

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Adelia Crockett

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Step Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Date: 10-29 19 29

19. UNDERTAKER: Geo. P. Gibson
(Address) 1735 Druid Hill Ave

20. FILED 19 Registrar.

OCT 30

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-26- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-1-35 19 ..... to 10-26-35 19 .....

I last saw her alive on 10-25-35 19 ..... Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Emphysema | |
| Intoxication | none |
| | |
| | |

Other contributory causes of importance: Decubitus ulcer

Was an operation performed? yes Date of 8/13/35

For what disease or injury? Emphysema

Name of operation Tracheotomy Date of 8/13/35

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson M. D.

(Address) Balto. City Hosp.

17126 A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

City of BALTIMORE: (No. 150 N. Curley St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Moore

(a) RESIDENCE NO. 150 N. Curley St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | — |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) October 26 / 1935

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or 20 min. |
|---|---|---|---|---|
| | — | — | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) —

(State or country)

12 MAIDEN NAME OF MOTHER Elmira Moore

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Marcella Moore

(Address) 150 N Curley

15 Filed ... 19 ... Huntington Rawlings ... Registrar

1935 1828

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 26 / 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1935, to Oct. 26, 1935, that I last saw h... alive on Oct. 26, 1935, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Premature birth

... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY —
(Secondary)

... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Assistant Artigiani, M. D.

, 19 (Address) 2942 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL J.H. Med School — Date of Burial Oct 28 1935

20 UNDERTAKER — ADDRESS

Health Commissioner

... & WOODALL

F 17127

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 53-E

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 7 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H North

(a) Residence: No. Tilghmans Island, Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) 6-11-79

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 4 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Leon H North

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret A Sinclair

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
St. Michaels Md. Date Oct. 29. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

FILED 8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1935, to Oct 27, 1935

I last saw him alive on Oct 27, 1935. Death is said to have occurred on the date stated above, at 1040 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fibro-myxoma-sarcoma. Lg. R. & metastases | 1925 |
| Other contributory causes of importance: Terminal pneumonia | 1 day |

Was an operation performed? Yes Date of Last - May 1935

For what disease or injury? Sarcoma

Name of operation Amputation - leg Date of May 8 &

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Wilmshurst, M. D.

(Address) 5 H Broadway

✓ F 17128

17128 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 N. Caroline St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Abt. 50 yrs. — mos. — ds. How long in U. S. If of foreign birth 50 yrs. — mos. — ds.

If U. S. Veteran specify WAR

2. FULL NAME Kate Levy

(a) Residence: No. 1230 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| Abt. | 76 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

13. NAME Nathaniel Moss

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Mrs. Adolph Gutterlet
(Address) 1230 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery, Date Oct. 30, 1935

19. UNDERTAKER Henry Lord Sons, Inc
(Address) 301 E. Eager St

Oct 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1935 to October 28, 1935

I last saw h.. alive on October 28, 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | |
| Senile Insufficiency | |
| Cardiac Hypertrophy | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Simonsen, M. D.

(Address) 2879 E. Baltimore St.

17129 E 17129

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3029 Rosalind Ave St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee L. Whitney
If U. S. Veteran (specify War) World War Retired Lieutenant

(a) Residence: No. 3029 Rosalind Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Whitney

6. DATE OF BIRTH (month, day, year): Feb 8 - 1871

7. AGE: Years 64 | Months 8 | Days 16 18 | If LESS than 1 day, hrs. or min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Ft. Lieutenant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Government
10. Date deceased last worked at this occupation (month and year): 1918
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cold Water, Michigan

MOTHER FATHER
13. NAME: Albert Whitney
14. BIRTHPLACE (city or town) (State or country): New York
15. MAIDEN NAME: Anna Fellows
16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Mrs. Henrietta Whitney
(Address) 3029 Rosalind Ave

18. BURIAL, CREMATION, OR REMOVAL: Nat. Cemetery Date Oct 29 35
Place

19. UNDERTAKER: A. D. Marshall
(Address) 3539 Fait Ave Huntington Publishing Co

8 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 26 1935

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1935 to Oct 26 1935
I last saw h~~er~~ alive on Oct 26 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10.26.35 |
| Other contributory causes of importance: Arteriosclerosis + Myocarditis | ? |

Was an operation performed? — Date of
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) John D Bubert M. D.
(Address) 1803 Fait Ave Huntington W Va

17130

# HEALTH DEPARTMENT—CITY OF BALTIMORE 17130

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3328 Chestnut Ave. St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Grimes
If U. S. Veteran specify WAR

(a) Residence: No. 3328 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If ~~married, widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of Caleb E. Grimes

6. DATE OF BIRTH (month, day, year) Dec 5 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76. | 10. | 52 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va

FATHER
13. NAME Thomas A. Dillow

MOTHER
14. BIRTHPLACE (city or town) (State or country) Unknown.
15. MAIDEN NAME Mary Butler
16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Grace F. Hoffman
(Address) 3328 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL St Marys Hampden Date Oct 29th 1935

19. UNDERTAKER Hall & Davis
(Address) 3418 Chestnut Ave

20. FILED [illegible] 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th 35 19

22. I HEREBY CERTIFY That I attended deceased from Oct 17 1935 to Oct 26 1935
I last saw her alive on Oct 26 1935. Death is said to have occurred on the date stated above, at 12m PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | 4 days |

Other contributory causes of importance: Chronic Nephritis and Arteriosclerosis.

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [signature] M. D.
(Address) 8460 36 Av. Beltsv.

28 1935

17131 HEALTH DEPARTMENT—CITY OF BALTIMORE 17131

# CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 N. Charles St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Burnett Kellum

(a) Residence: No. 2633 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Kellum

6. DATE OF BIRTH (month, day, year) Feb. 2, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 8 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Joseph P. Burnett

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

15. MAIDEN NAME Mary E. Standeford

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT William H. Kellum
(Address) 2633 N. Charles St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Green Mount Cem. Date Oct. 30, 35

19. UNDERTAKER Chas O. Mitchell Funeral Inc.
(Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D.
OCT 28 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to Oct 26, 1935

I last saw h[er] alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 11.10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 1 day. |
| Arteriosclerosis | 2 years |
| Diabetes Mellitus | 2 years |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Hubert F. Pillsbury, M. D.

(Address) 6 E. Biddle St.

F 17182

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 95-a

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Grace Hanmayer If U. S. Veteran specify WAR .....

(a) Residence: No. Cupid Lot 145 St., Md Ward. .....
(Usual place of abode) 1578 Druid Hill Ave (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed or divorced: HUSBAND of (or) WIFE of John Dommoyer

7. DATE OF BIRTH (month, day, year) 9/11/20

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 1 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn-

13. NAME Morton Weltmer

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Records — Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Ebenezer Cem. Date 10/30/35

19. UNDERTAKER Williams & Cook (Address) 1217 St Paul St

20. FILED OCT 29 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1935 to Oct 27, 1935

I last saw h[illegible] alive on Oct 27, 1935 Death is said to have occurred on the date stated above, at 11:20 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Hypertension | 8 yrs ago |
| Auricular Fibrillation | |
| Decompensation | 2½ yrs. |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) D. Dommoyer M. D.

(Address) Johns Hopkins Hospital

133 F 17133

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 25

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Bowman

(a) Residence: No. Finksburg, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phyllis Bowman

7. DATE OF BIRTH (month, day, year) May 20 1901

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 34 | 5 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper weigher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0 8 6

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME Francis E. A. Bowman

14. BIRTHPLACE (city or town) (State or country) Carroll Co.

15. MAIDEN NAME Rose Logue

16. BIRTHPLACE (city or town) (State or country) Carroll Co

17. INFORMANT Mrs Phyllis Bowman

(Address) Finksburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place Finksburg Cem. Date Oct 31, 1935

19. UNDERTAKER J. F. Cline & Sons

(Address) Reisterstown Md

20. DATE 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1935, to 10-28, 1935

I last saw h.i.m alive on 10-28, 1935. Death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous peritonitis | |
| | |
| | |
| | |

Other contributory causes of importance:

Ulceration

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Ramsey M. D.

(Address) Maryland General Hosp.

M. D. B. 38-9 F17134 ✓ F17134

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 W. Conway St., 22 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie May Revels

(a) Residence: No. 601 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1915

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Revels

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Adel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Little
(Address) 601 W. Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Ave Date Oct 29 1935

19. UNDERTAKER Joseph A. Lisby
(Address) 1129 N. Mount Street

[illegible] Registrar.

OCT 28 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Oct 25 1935

I last saw her alive on Oct 22 1935 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Sept 2 1935 |

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward W. Fairow M. D.

(Address) 615 E. Eager St

M. D. B. 1268-9

7135 HEALTH DEPARTMENT—CITY OF BALTIMORE FF 17135

# CERTIFICATE OF DEATH

Registered No. 7135 + 59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Jenkins Memorial Hospital 3500 Coldspring Avenue St., 55 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 25 mos. 25 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME George Heilmann

(a) Residence: No. 801 Harlem Ave Catonsville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Heilmann

6. DATE OF BIRTH (month, day, year) May 13 - 1864

| 7. AGE Years | Months | Days | If LESS than 1 day ...hrs. or ...min. |
|---|---|---|---|
| 71 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME August Heilmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Baltmann
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jenkins Memorial Hosp.
(Address) 3500 Coldspring Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Memorial Park Date 10/29/35
Place

19. UNDERTAKER E. Brauning
(Address) 1136 Pulaski Highway

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11 1935 to 10/26 1935
I last saw him alive on 10/25 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | 1932 |
| arteriosclerosis generalized | ? |
| Cerebral hemorrhage | 9/20/35 |
| Other contributory causes of importance: | |
| Paralysis agitans | 1932 |

Name of operation ... Date of ...
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas B. Marsh M. D.
(Address) Jenkins Memorial Hospital

F 17136

F 17136

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 St. Washington St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Donnelly

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1330 St. Washington St., Ward.

(Usual place of abode) 60 years (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced (or) WIFE of: James M. Donnelly

7. DATE OF BIRTH (month, day, year): Feb 18 1860

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 8 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hagerstown Md

13. NAME: John Hose

14. BIRTHPLACE (city or town) (State or country): Hagerstown Md

15. MAIDEN NAME: Mary Miller

16. BIRTHPLACE (city or town) (State or country): Hagerstown Md

17. INFORMANT: Mary C. Dorsey

(Address) 446 Roselank Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Am Date: 10/30/1935

19. UNDERTAKER: William Cook

(Address) 1217 St Paul

Filed: OCT 29 1935 Huntington Williams, MD Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-28-35

22. I HEREBY CERTIFY, That I attended deceased from 10-1-35 to 10-28-35

I last saw h alive on 10-27-35 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of the Liver

Coronary Thrombosis

Other contributory causes of importance:

Myocardial degeneration

| Date of onset |
|---|
| about 1 |
| Yearly |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 108 W Mt Royal Ave

H. D. B 1269-0

17137 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17137

# CERTIFICATE OF DEATH

~~87~~ √93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Nocki

No War Record

(a) Residence: No. 1637 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Mary

DATE OF BIRTH (month, day, year) Sept 15 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 1 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1006

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Harry M. Perer

(Address) 3008 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 29 1935

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

FILED OCT 29 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH 7:10 AM

21. DATE OF DEATH (month, day, year) 10/25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I ~~last saw him~~ alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with decompensation | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

~~If so, specify~~

(Signed) W. M. Wright Coroner, M. D.

(Address) 1005 S. Eldwood Ave.

F 17138

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17138

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Strathmore Ave. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR M. Revol

2. FULL NAME Mary J. Davis

(a) Residence: No. 2701 Strathmore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. J. Davis

6. DATE OF BIRTH (month, day, year): July 14 1872

7. AGE: Years 63 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Geo. W. Mitchell

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Annette Stewart

16. BIRTHPLACE (city or town) (State or country): Dorchester Co Md

17. INFORMANT (Address): John Green 2701 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Date: Oct 30th 1935

19. UNDERTAKER (Address): William Cook 2417 St Paul St

OCT 29 1935

### MEDICAL CERTIFICATE OF DEATH 6:30 AM

21. DATE OF DEATH (month, day, year): 10/28/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1935 to Oct 28 1935

I last saw him alive on Oct 27 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Left Hemiplegia

Other contributory causes of importance:

Arterio Sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas Hamilton M. D.

(Address) 4708 Harford Rd

10/29/35

M. D. B. 1268-3 F 17139

F 17139

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Maryland General Hospital St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Turnbaugh

(a) Residence: No. 440 Woodstock St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melchor C. Turnbaugh

6. DATE OF BIRTH (month, day, year) Feb. 17 1846

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 89 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Nelson C. Cullings

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Unknown Manchester

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Clarissa E. Turnbaugh

(Address) 440 Woodstock Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's (Hampden) Date Oct 30th 1935

19. UNDERTAKER Wm Croft

(Address) 1217 St Paul St

20. FILED OCT 29 1935 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture Right Femur

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Age Senility Edarrhea

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 28 1935

Where did injury occur? In home Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stumbled and fell in cellar

Nature of injury Fracture of R. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas ... Coroner, M. D.

(Address) 1215 Harlem Ave

7140 F 17140

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Randall St., 74 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Patrick Henry Griffin

If U. S. Veteran specify WAR

(a) Residence: No. 1101 Battery ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ann Griffin

6. DATE OF BIRTH (month, day, year) March 2, 1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 7 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) Oct 1925

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Galway Co. Ireland.

13. NAME John Griffin

14. BIRTHPLACE (city or town) (State or country) Galway Ireland

15. MAIDEN NAME Mary Ward.

16. BIRTHPLACE (city or town) (State or country) Galway Ireland.

17. INFORMANT Mrs Mary Griffin (wife)
(Address) 1101 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date 10/30, 1935

19. UNDERTAKER Margaret L. Flynn
(Address) 1422 Light St

10/29 1935 Huntington-

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935, to Oct 28, 1935

I last saw h alive on Oct 27, 1935 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | |
| 4 Compensation | 2d. |

Other contributory causes of importance:

None.

Was an operation performed? Date of

For what disease or injury?

Name of operation None. Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Harford Rd

17141 F 17141

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V34-E-83

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 116 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sadie Parker

(a) Residence: No. 808 Woodyear St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 25, 1887

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 48 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Son, Arthur Parker

(Address) 808 Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Place Chase St Cem Date Oct 29th, 1935

19. UNDERTAKER Elroy O Wilson

(Address) 1800 Brandenau

20. FILED Oct 29 1935 By Deputy Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1935, to Oct. 22, 1935

I last saw h[illegible] alive on Oct. 22, 1935 Death is said to have occurred on the date stated above, at 8:05 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paresis | |
| | over |

Other contributory causes of importance:

Bronchopneumonia

Uremia.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Carter, M. D.

(Address) Mercy Hospital

F 17142

F 17142

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena Green

(a) Residence: No. 1515 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Green

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mabel Dixon

(Address) 1515 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Oct 29 1935

19. UNDERTAKER John W. Henderson

(Address) 1515 E. Monument St.

20. FILED OCT 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenken Coroner M. D.

(Address) 1919 E. North Ave.

F 17143

Corkran

F 17143

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1907 N Bentalou St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie M. Corkran

(a) Residence: No. 1907 Bentalon St., Ward. Easton Dorchester Co Md.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 3 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER

13. NAME Elija (Unknown)

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT Louis Frampton
(Address) 1907 Bentalon

18. BURIAL, CREMATION, OR REMOVAL
Place Dorchester Co Md Date 10/30 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins Sts

19 Issued 19 Registrar.

29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Arterio Sclerosis | |

Other contributory causes of importance:

Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C Hann M. D.
Coroner

(Address) 1215 Hanover

17144 E-17144

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 34-9-93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Reynolds.

(a) Residence: No. 308 Pine St., Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18 90

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plas[illegible]er

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) 7/28/35

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Joyce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/29/35 19

19. UNDERTAKER Chas H Grafton

(Address) 5142 Calhoun St

20. FILED 19 Registrar.

29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/29 1935 to 10/25 1935

I last saw him alive on 10/25 1935. Death is said to have occurred on the date stated above, at 6 1/2 a. m.

The principal cause of death and related causes of importance were as follows: Myocardial insufficiency — Date of onset 2 mo.

Other contributory causes of importance: None

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 17145 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17145

# CERTIFICATE OF DEATH

194-B

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Patrick L. Casey

(a) Residence: No. 150 S Malster Lane St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred L. Casey

6. DATE OF BIRTH (month, day, year) Nov. 2 1892

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point Steel Plant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Casey

14. BIRTHPLACE (city or town) (State or country) Hampshire Hill W. Va.

MOTHER

15. MAIDEN NAME Martha McIntyre

16. BIRTHPLACE (city or town) (State or country) Carlton Md

17. INFORMANT (Address) Winifred L. Casey (Wife) 150 S Malster Lane

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 10/30 1935

19. UNDERTAKER (Address) L. Finch 5305 Harford Rd

20. FILED 10-29-1935 Huntington Mathews Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | |
| Ruptured Intestine, | |
| Hemorrhage in | |
| abdominal cavity | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of Oct. 27 1935

For what disease or injury? Ruptured Intestine

Name of operation Bowel Resection Date of Oct 27 1935

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 26 1935

Where did injury occur? Sparrows Point Steel Plant (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry Sparrows Point Steel Plant

Manner of injury Caught between Crane & Ingot in casting shed

Nature of injury Crushed abdomen Contusion & Laceration

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Crushed between crane & ingot at plant

(Signed) ..... M. D. Coroner

(Address) 210 Harrison Ave

M. D. F. 1268-9

F 17146

F 17146 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 59

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Registered No.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Martha Emanuel

(a) Residence: No. 3023 Orlando Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon H. Emanuel

6. DATE OF BIRTH (month, day, year) May 15, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Herman Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam Ulman

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mr. Solomon H. Emanuel
(Address) 3023 Orlando Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Oct. 1935

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

29 1935 19 Huntington Williams
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1935

22. I HEREBY CERTIFY. That I attended deceased from Oct. 21, 1935 to Oct. 27, 1935

I last saw her alive on Oct. 27, 1935 Death is said to have occurred on the date stated above, at 10.02 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Septicemia | 8-20-35 |
| Diabetes Mellitus | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. M. Maxwell, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. B 1263-9

F 17147

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17147

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Baker St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 37 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H. Gardy

If U. S. Veteran specify WAR .....

(a) Residence: No. 721 Baker St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Gardy

6. DATE OF BIRTH (month, day, year) March 22 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop 1088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Co. Va.

FATHER

13. NAME John Gardy

14. BIRTHPLACE (city or town) (State or country) Culpeper Co. Va.

MOTHER

15. MAIDEN NAME Louise Garrett

16. BIRTHPLACE (city or town) (State or country) Culpeper Co. Va.

17. INFORMANT Maggie Gardy,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Feb 30. 1935

19. UNDERTAKER Thomas - E. Kelson
(Address) 1303 Presstman St.

20. FILED ..... 19 ..... Registrar.

FEB 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. Found 3. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Infarction | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 210 Hanover

Spec.—2-29-28—L. F. S.—500 Bks.

17148

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17148

## CERTIFICATE OF DEATH

√ 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 Mc Kean Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Wieland

(a) RESIDENCE NO. 803 Mc Kean Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widowed. |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Wieland

DATE OF BIRTH (month, day, and year) July 29, 1853

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 2 | 26 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER ? Box 10/27 1935

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John M. Wieland (Address) 22 Caroline Ave

Filed OCT 29 1935, 19 Huntington Wilhelm Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1935, to Oct 26, 1935, that I last saw h er alive on Oct 26, 1935 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Hypostatic Pneumonia.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 [redacted] Western Cem.

DATE OF BURIAL Oct 29 1935

ADDRESS North. Pk

20 W. D. Tickner & Sons

F 17149

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17149

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1520 W. Fayette St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Frances Klingstine

If U. S. Veteran specify WAR

(a) Residence: No. 1520 Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Klingstine

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 85 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ? Soper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Walters

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bessie Oman

(Address) Francis Ave. Halethorpe

18. BURIAL, CREMATION, OR REMOVAL

Place Melville Cem. Date Oct. 29 1935

19. UNDERTAKER Fred Tedrow Sons

(Address) Northern Ave

20. FILED 19 Registrar

OCT 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27th 35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/26/, 35, to 10/27/35, 19

I last saw h.er alive on 10/27/35, 19 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Art. Sclerosis | |
| Hypertension | |
| Other contributory causes of importance: | |
| Cerebral Apoplexy | 10/27/35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard H. Terry, M. D.

(Address) 910 W. Lombard

F 17150

F 17150

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elisha Bagley

(a) Residence: No. 620 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

6. DATE OF BIRTH (month, day, year) 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Jemima ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Cemetery Date 10/30 1935

19. UNDERTAKER Walter P. Sprague
(Address) Rear Baltimore & Huntington Railroad

Registrar.

29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/1 1935 to 10/27 1935

I last saw him alive on 10/27 1935 Death is said to have occurred on the date stated above, at 11 45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 14 days |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No- If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 17151

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17151

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH Univ Hospital

Registered No.

CITY OF BALTIMORE: (No. ) St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James C. Golden

(a) Residence: No. 822 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Color | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie V. Golden

DATE OF BIRTH (month, day, year) Mar. 24 1874

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 7 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga.

13. NAME James C. Golden

14. BIRTHPLACE (city or town) (State or country) Savannah Ga.

15. MAIDEN NAME Jane Wallace

16. BIRTHPLACE (city or town) (State or country) Savannah Ga.

17. INFORMANT Jennie V. Golden wife

(Address) 822 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 30 1935

19. UNDERTAKER Mrs Roberta Elliott Douglas

(Address) 1129 Carolina St

Huntington Williams MD

Registrar

FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Oct 26, 1935

I last saw him alive on Oct 26, 1935 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 1 year

Other contributory causes of importance: Acute Heart failure

Was an operation performed? Yes Date of Oct 26, 1935

For what disease or injury? Carcinoma of Stomach

Name of operation? Exploratory Date of 10-24-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Schmuck, M. D.

(Address) Univ. Hosp.

AACo. 5-31 2508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17152 ✓ 131 F 17152

F 17152

## CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 794 W Fremont St., 17 Ward)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Pumphrey

(a) Residence: No. 794 W Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) — 1876

| 8. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Wesley Ruff

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Georgiana Marshall

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Eugene Day
(Address) 794 W Fremont

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 10/29/1935

19. UNDERTAKER Bernard P. Hershey
(Address) 818 Edmondson Ave

Filed ... 19... Huntington Williams Registrar.

10 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1936 to 10/26, 1935

I last saw h... alive on 10/26, 1935 death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Coronary Occlusion | Chronic |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Chronic myocarditis
Arteriosclerosis
Hemiplegia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Frankel, M. D.
(Address) 1224 W Lee

F 17153

F 17153 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 34-9-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Solomon Mc Cauley.

(a) Residence: No. 824 Pawnee St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura.

6. DATE OF BIRTH (month, day, year): 3/22/1888.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 7 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

MOTHER'S MAIDEN NAME

13. NAME: George McCauley.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Martha Shipley

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Sister

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Date Oct. 30, 1935

19. UNDERTAKER: Hartman Funeral Home

(Address) 35 E. Lexington St.

Huntington Robertson

29 1935 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/23, 1935, to 10/27, 1935

I last saw him alive on 10/27, 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days. |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Spec.—1-12-23—M&T—500 Blks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17154 131 F 17154

## CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (a) No. 437 Bloom St (Ward) 14
2-FULL NAME Lydia Barnes Burke
(a) RESIDENCE No. 437 Bloom St Ward .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Widow
5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Burke
6 DATE OF BIRTH (month, day, and year): 6-16-1852
7 AGE: Years 83 Months 4 Days 12 If LESS than 1 day, ...hrs or ...min
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: 0000
(b) General nature of Industry, business, or establishment in which employed (or employer): Domestic
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Trappe Md
PARENTS
10 NAME OF FATHER: Frisby Cox
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Ann Tripp
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md
14 Informant: Jessie Annie Blackstone (Address) 437 Bloom St
15 Oct 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 27 1935
17 I HEREBY CERTIFY, That I attended deceased from Oct 13 1935, to Oct 27 1935
that I last saw her alive on Oct 27 1935 5:30 A m.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:
Cardio Vascular Renal
Disease
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 14 ds.
18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) C B Hughes M. D.
1935 (Address) 1413 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem
DATE OF BURIAL: 10-30 1935
20 UNDERTAKER: George A. R. Gibson
ADDRESS: 1135 Druid Hill Ave

F 17155 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17155

# CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Residence St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorothy Bunting

(a) Residence: No. 235 N. Bruce St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of May 6, 1926

7. DATE OF BIRTH (month, day, year) May 6, 1926

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 9 | 5 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME of Mother Melvia Bunting

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME of Mother Edye Queen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Queen

(Address) 235 E Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 30, 35

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E Lanvale St.

Huntington Williams

OCT 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.26.35

22. I HEREBY CERTIFY, That I attended deceased from 10.23.35 to 10.26.35

I last saw her alive on 10.26.35 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 10.21.35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. L. Jackson M. D.

(Address) 600 Edmondson

F 17156

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 129

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nancy Mildred Hotterwich

(a) Residence: No. Essex Md. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1931 - November 21

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 11 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Essex (State or country) Md.

FATHER

13. NAME Lawrence Hotterwich

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Mildred Griffin

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Lawrence Hotterwich (Address) Essex Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. (Date Oct. 29 1931)

19. UNDERTAKER John F. Connelly (Address) Essex Md. Huntington Pikesville Md.

....., 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumococcic Peritonitis (Primary) | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 10/26/31

For what disease or injury? Pneumococcic Peritonitis

Name of operation Laparotomy & drainage Date of 10/26/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1972 - North Ave

9 1935

✓ F 17157

F 17157 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Richard Friedrichs

(a) Residence: No. North Point Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/6/1857.

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 5 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Gothelf Friedrichs

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Theresa >

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 10/30/ 1935

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED 10-31-1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1935, to 10/27, 1935

I last saw him alive on 10/27, 1935. Death is said to have occurred on the date stated above, at 11 10 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 2 Yrs |
| Arteriosclerosis | ? |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

17158

F 17158

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Mark Ave St., 8 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME IDA - C - NORMAN

(a) Residence: No. 3205 Harwell Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas - W. Norman

6. DATE OF BIRTH (month, day, year) Sept - 12 - 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | 1 | 15 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Patrick

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah Simms

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Calvin Geiss

(Address) 4107 Mark Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine - Cem Date Oct 29 1935

19. UNDERTAKER C. B. Heppert & Son

(Address) Beechtree Place

Huntington Williams

20. FILED ..... 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1935 to Oct 27 1935

I last saw h[illegible] alive on Oct 27 1935 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| (Apoplexy) | |

Other contributory causes of importance: Bronchial asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clarence Brunst M. D.

(Address) 4716 Harford Road

10/31/35

7-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17159

## CERTIFICATE OF DEATH

108-143 F 17159

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Dorthea T. Burgess (Dorthea T. Burgess)

(a) RESIDENCE NO. 604 S. 34th 604 E. 34th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 6, 1913

| 7 AGE | Years | Months | Days | IF LESS than 1 day ..hrs. or ..min.. |
|---|---|---|---|---|
| | 22 | 9 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry W. Burgess

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Theckla Lasck

13 BIRTHPLACE OF MOTHER (city or town) Dunkirk

(State or country) New York

14 Informant Mr. Henry W. Burgess

(Address) 604 E. 34th St.

15 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 28, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935, to Oct. 28, 1935,

that I last saw h[illegible] alive on Oct. 28, 1935,

and that death occurred, on the date stated above, at 10 05 A.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia Lt lower lobe.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Phenol barbital intoxication

Pregnancy 3 mos. (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home address.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Robert H. Oliver, M. D.

10/28/35 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Moreland Memorial Park Cem.

Date of Burial Oct. 31 1935

20 UNDERTAKER Joseph H. Cook

ADDRESS 1005 N. Bal[illegible] St.

Spec.—8-16-29—L. F. S.—100 Blks.

F 17160

17160

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

REGISTERED NO. 1

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2033 Annapolis Rd ST. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theodore Phillip Lahmer Theodore Philip Lahmer

(a) RESIDENCE NO. 2033 Annapolis Rd ST. 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

6 If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth P. Lahmer.

DATE OF BIRTH (month, day, and year) May 5, 1871 (May 2, 1871)

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 5 | 17 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Shop.

(c) Name of employer B & O R.R.

BIRTHPLACE (city or town) (State or country) New York State.

10 NAME OF FATHER Theodore Lahmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Dorothy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Theodore Lahmer

(Address) 2033 Annapolis Rd.

15 Filed Oct 29 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Oct 28, 1935, that I last saw him alive on Oct 27, 1935 and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Ch.

Endocarditis Ch.

Since 1932 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Hammett Wheeler M. D.

10/28/1935 (Address) 2710 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dove Creek Cem

DATE OF BURIAL Oct 30 1935

20 UNDERTAKER H B Cook

ADDRESS 603 N Eutaw St

F 17161

7161 HEALTH DEPARTMENT—CITY OF BALTIMORE

49-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Roeder

(a) Residence: No. 222 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 11, 1858.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 3 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Conrad Roeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Dieter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles F. Roeder
(Address) 505 S. Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 30, 19 35

19. UNDERTAKER Harry A. Mitzke
(Address) 4101 Edmondson Ave.

20. Filing Date Nov 1 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935 to Oct. 28, 1935

I last saw her alive on Oct. 28, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CARCINOMA LABIA MAJORA (LEFT) | 6/5/35 |
| | |
| | |
| | |
| Other contributory causes of importance: BRONCHO-PNEUMONIA | 10-26-35 |

Was an operation performed? Yes Date of 10-24-35

For what disease or injury? CARCINOMA LABIA MAJORA

Name of operation EXCISION LABIA MAJORA Date of 10-24-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Healy M. D.

(Address) St. Agnes Hospital

M. F. B. 1268-8

✓ F 17162

# HEALTH DEPARTMENT—CITY OF BALTIMORE

7162

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Belvedere Av St., 27 Ward)

Length of residence in city or town where death occurred 68 yrs. 2 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Margret Sapp

(a) Residence: No. 3011 Belvedere Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Sapp.

6. DATE OF BIRTH (month, day, year) Aug 1 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | 2 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Conoghlin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Lynch

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Lynch

(Address) 3011 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 30 1935

19. UNDERTAKER Temple & Nevill

(Address) Catonsville Md

19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Oct 27 1935

I last saw h alive on Oct 26 1935 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | Nov |
| Other contributory causes of importance: | |

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles L. Wells M. D.

(Address) 5276 Park Heights Av

M. D. B 1268-9

# 17163 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17163

## CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N. Exeter St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Alphonso Smith

(a) Residence: No. 129 N. Exeter St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): July 14, 1935

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 3 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — Foods

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Alphonso Smith

14. BIRTHPLACE (city or town) (State or country): Dallas Texas

15. MAIDEN NAME: Mary Robinson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mary Smith

(Address): 129 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Cem. Date: 10-29-1935

19. UNDERTAKER: Bryant Manuel & Knight

(Address): 1218 McElderry St

Huntington Woolworth & Hall

Registrar.

29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia [L. Lob.] | 10/27/35 |

Other contributory causes of importance:

Name of operation: Circumcision Date of: 10/24/35

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Orin B. Wallace M. D. Coroner

(Address) 1031 St Paul St.

F 17164

17164

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Parkside Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel D. Chrystal

(a) Residence: No. 1932 Parkside Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Laura V. Chrystal

6. DATE OF BIRTH (month, day, year): Nov 18 1861

7. AGE: Years 73; Months 11; Days 8; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eastman Kodak Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John. Chrystal

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Annie Love

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr Raymond Chrystal

(Address) 1932 Parkside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine. Date 10-30 1935

19. UNDERTAKER: Bernard C Harle

(Address) 1000 S Paca St

Filed OCT 29 1935 Hamilton [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1935 to Oct 26 1935

I last saw him alive on Oct 26 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis Mitral Insufficiency | |
| Chronic Nephritis Arteriosclerosis, Hypertension | |
| Senility | |
| Other contributory causes of importance: Pulmonary Oedema | |

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Norfolk C Nelson M. D.

(Address) 215 Madison Ave

F 17165

7165 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Robinson

(a) Residence: No. 109 N Dansney St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | S |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 25, 1935

| AGE | Years | Months | Days | If LESS than 1 day, 10 hrs. or 1 min. |
|---|---|---|---|---|
| | | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Augusta Robinson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Dorothy Hartman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Douglas Rhoads

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 29 1935

19. UNDERTAKER Commissioners Board

(Address)

1935 Registrar

1829

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935 to Oct 25, 1935

I last saw h[illegible] alive on Oct 25, 1935 Death is said to have occurred on the date stated above, at 3.04 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meanor Herlong M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

7166

✓ F 17166

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 Schley Ave St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David A. Ward

(a) Residence: No. 4616 Schley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth L. Ward

6. DATE OF BIRTH (month, day, year): Oct 15 1859

7. AGE: Years 76 | Months 0 | Days 13 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Lister, Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Balto & Ohio RR Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: David A. Ward

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary — —

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: P. Henry Sons

(Address) 2016 Pa Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 30 1935

19. UNDERTAKER: Philip Henry Sons

Address 2016 Pa Ave

20. FILED [illegible] 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1935 to Oct 27 1935

I last saw him alive on Oct 27 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | 2 days |
| Other contributory causes of importance: | |
| Acute Interstitial Nephritis | 3 weeks |

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jay Wood Md M. D.

(Address) 1 W. Ellerslie Ave Bmore

M. D. B. 1268-9

F 17167

7167 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Frederick Ave. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Thompson

(a) Residence: No. 2829 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara B. Thompson

6. DATE OF BIRTH (month, day, year) September 27, 185[illegible]

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 1 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st National Bank

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Elkridge Maryland

13. NAME Nicholas Thompson

14. BIRTHPLACE (city or town) (State or country) United States

15. MAIDEN NAME Miss Hurst

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Mrs. Clara B. Thompson

(Address) 2829 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 31, 1935

19. UNDERTAKER Chas H Hook

(Address) 1003 E. Baltimore St.

9 1935 Huntington Williams M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1935 to October 28, 1935

I last saw him alive on October 28, 1935. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis general. | 1929 |
| Myocarditis Chronic | 1930 |
| Myocardial Insufficiency. | Last 1935 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. B 1268-9

F 17168

7168

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Woodyear St., 16 Ward)

Length of residence in city or town where death occurred 42yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie Ford

(a) Residence: No. 1106 Woodyear St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Wht. | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE: Years 42 | Months 0 | Days 0 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Susie Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Watson

(Address) 1106 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Oct 30 1935

19. UNDERTAKER Thomas E Khan

(Address) 1203 Pennsylvania Ave

Registrar.

OCT 29 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9 45 pm.

The principal cause of death and related causes of importance were as follows: Carcinoma Uteris

| | Date of onset |
|---|---|
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) O. Hann Coroner M. D.

(Address) 1215 Hanover

7169 F 42169

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Ellamont St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel D Boyers

(a) Residence: No. 3613 Ellamont St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3. If married, widowed or divorced, HUSBAND of (or) WIFE of: Fannie D. Boyers

DATE OF BIRTH (month, day, year) Aug 20-1874

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 2 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year): Nov 34

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

13. NAME: Ward Boyers

14. BIRTHPLACE (city or town) (State or country): Carrol Co Md

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

17. INFORMANT (Address): Fannie D. Boyers 3613 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral 10/30 1935

19. UNDERTAKER (Address): Wm Cooke 1217 St Paul St

1935 Huntington Ave Cemetery

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Oct 28 1935

I last saw him alive on Oct 27 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac dilatation | 1 hr. |

Other contributory causes of importance:
Chronic myocarditis & hypertension
Chronic bronchitis -

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Andrew E. Calas M. D.

(Address) 1 N. Fulton Ave.

F 17170

M. D. H. 1268-9

Harvey

# 17170 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 108

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH 1118 Harmer St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florine Harvey

(a) Residence: No. 1118 Harmer St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Harvey

7. DATE OF BIRTH (month, day, year) November 27 1885

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 0037

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country): .....

FATHER

15. MAIDEN NAME Lizzie Jones

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT Lucy Harvey

(Address) 1118 Warner st

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cem Date Oct 31st 1935

19. UNDERTAKER Joseph A. Lively

(Address) 401 N Mount Street

20. Filed Oct 30 1935 Harrington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1935 to Oct 26 1935

I last saw her alive on Oct 26 1935 Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Other contributory causes of importance: | |
| Toxemia | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Thompkins M. D.

(Address) 501 N Hamburg St.

D. B 1268-9

17171 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17171

# CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hpt St., 17 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E Schmidt

(a) Residence: No. ~~651 Gutman~~ 432 E. Lafayette Ave. St., Ward

(Usual place of abode) 50 (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of: William J Schmidt

DATE OF BIRTH (month, day, year): Feb 7 1859

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8. | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 50 Yrs

BIRTHPLACE (city or town) (State or country): Conn

13. NAME OF FATHER: John Rygll

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: William J Schmidt (Son)

(Address) 651 Gutman Ave

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: 10/31 1935

UNDERTAKER: William Cook

(Address) 1217 St Paul St

Registrar.

30 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw ~~him~~ alive on ..... 19..... ~~Death is said~~ to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gastric Carcinoma | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| arteriosclerosis | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 1400 S. Wolfe St.

F 17172

17172 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Ellamont St., Ward) 5

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emmett Thompson If U. S. Veteran specify WAR No Record

(a) Residence: No. 2504 Ellamont St., Ward. Leonardtown Md.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: Mulk | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): June 9-1892

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 4 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month, day, year): X

11. Total time (years) spent in this occupation: 7

12. BIRTHPLACE (City or town) (State or country): Leonard Town Md

13. NAME OF FATHER: Frances X Thompson

14. BIRTHPLACE OF FATHER (City or town) (State or country): Hollywood Md

15. MAIDEN NAME OF MOTHER: Minnie L. Milburn

16. BIRTHPLACE OF MOTHER (City or town) (State or country): Valley Lee Md

17. INFORMANT: Annie L Thompson

(Address) 2504 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 10/31 1935

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

Huntington Pallbearer

FILED 30 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14th 1935 to Oct 29th 1935

I last saw him alive on Oct 28th 1935. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1911 |
| | |
| | |
| | |
| Other contributory causes of importance: General Debility | 7/1935 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Hubert E. Zepp M. D.

(Address) 3048 W. North Ave Baltimore

F 17173

F 17173

# HEALTH DEPARTMENT—CITY OF BALTIMORE

V 167

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 54 yrs. mos. ds.

2. FULL NAME Jacob F. Groshans War Veteran (U. S. Veteran) (Specify WAR) World War

(a) Residence: No. 212 Tunbridge Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian V. Werner

6. DATE OF BIRTH (month, day, year) April 29, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 56 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army Officer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

FATHER

13. NAME Gutleib Groshans

14. BIRTHPLACE (city or town) (State or country) --------

MOTHER

15. MAIDEN NAME Salome Lauffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillian W. Groshans

(Address) 212 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/31 1935

19. UNDERTAKER Henry A. Mears & Son

(Address) 804 N. Eutaw St

Huntington Ave. Boston Mass.

OCT 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1935 .19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gun shot in Roof of Mouth | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Sucide Date of injury Oct 28, 1935

Where did injury occur? 106 clay St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Shot self in Mouth

Nature of injury Temporary Insane

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Wallace M. D.

(Address) 2707 W. North Ave Coroner.

F 17174

17174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Maryland Avenue St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Walter Scott Brodie

If U. S. Veteran specify WAR

(a) Residence: No. 2729 Maryland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Henry

DATE OF BIRTH (month, day, year) Sept. 11, 1872

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 63 | 1 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Professional Base Ball

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

13. NAME Alexander M. Brodie

14. BIRTHPLACE (city or town) (State or country) ------- Scotland

15. MAIDEN NAME Jeannette La Marque

16. BIRTHPLACE (city or town) (State or country) ------- Virginia

17. INFORMANT Mrs. Carrie P. Brodie

(Address) 2729 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 10/31 1935

19. UNDERTAKER Charles W. Mears & Son

(Address) 5 W. Franklin St.

FILED 30 1935 Huntington Williams M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935 to Oct. 29, 1935

I last saw h.im alive on Oct 29, 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pericardites | 18 mos ago |
| Other contributory causes of importance: Chronic Bronchitis | 10 yrs, |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave.

F 17175 F 17175

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. A. Estella Mahanna Mahanna

If U. S. Veteran specify WAR

(a) Residence: No. R.F.D. Westminster, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced (or) WIFE of: Charles A. Mahanna

7. DATE OF BIRTH (month, day, year): Nov 13th 1895

| 8. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 11 | 13 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): Oct 1935

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John S. Leister

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Virginia Reed

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr Chas A. Mahanna

(Address): Westminster, Md.

18. BURIAL, CREMATION, OR REMOVAL

Leisters Ch. Carroll Co. Nov 1st 35

19. UNDERTAKER: Edw J Tipton

(Address): Hampstead Md

OCT 30 1935

Huntington Funeral Home

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-29- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1935, to 10-29-35, 19

I last saw her alive on 10-29, 1935. Death is said to have occurred on the date stated above, at 6:05 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxic adenoma thyroid | |
| | |
| | |
| Other contributory causes of importance: | |
| Cardiac failure | |

Was an operation performed? yes Date of 10-29-35

For what disease or injury? Hyperthyroidism

Name of operation Sub-total thyroidectomy 10-29-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify

(Signed) Philip A. Dudley, M. D.

(Address) Md. Gen. Hospital

Sarah Edith Shock

17176 HEALTH DEPARTMENT—CITY OF BALTIMORE 17176

CERTIFICATE OF DEATH 46-F

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt. St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sarah Edith Shock
(a) Residence: No. 351 Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 15 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 73 | 73 (?) | 6? | 14? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home ? 00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Co.
13. NAME John Shock
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME Hannet Keller
16. BIRTHPLACE (city or town) (State or country) Balto. Co. (?) Md.
17. INFORMANT Balto City Hosp
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Oakes, Balto Co. Date Nov. 1 1935
19. UNDERTAKER Geo E Boyer & Son
(Address) 1512 Holland St.
20. FILED 19 Registrar

OCT 30 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29, 1935
22. I HEREBY CERTIFY, That I attended deceased from 10-8, 1935 to 10-29, 1935
I last saw her alive on 10-28, 1935 Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Head of Pancreas | (?) |
| Other contributory causes of importance: Inanition | (?) |

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Martin M. D.
(Address) Balto. City Hospt.

F 17177

H. D. B. 1268-9

17177 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Argyle ave St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Harris Veteran of Indian Wars.

(a) Residence: No. 1118 Argyle ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C. | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1854

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Helen V Brown

(Address) 1118 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL.

Place National Cem Date 10/30/ 1935

19. UNDERTAKER Francey A Hemsley

(Address) 578 W. Pratt St. Baltimore, Md

Huntington Williams, Md

OCT 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12. 1935. to Oct 24. 1935

I last saw him alive on Oct 23. 1935. Death is said to have occurred on the date stated above, at 4.15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | Oct 12 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Douglas Sheppard M. D.

(Address) 1043 Myrtle ave

F 17178

7178

CITY OF BALTIMORE

# STATE OF MARYLAND—CERTIFICATE OF DEATH

210-M

**1. PLACE OF DEATH**

County Balto. City. ( Hit by aouto. in Balto. ) Registration Dist. No. 41

Village or City Balto. City. No. Balto. City Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

DEATH OCCURRED IN CITY HOSPITALS 25

If U.S. Veteran specify WAR none

**2. FULL NAME** Frank Healy minutes after accident.

(a) Residence: No. 712 Dundalk Ave. St., Ward. If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 31. 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 8 | 22 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Iron Mill Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Thomas. Healy

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Annie Ross

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Annie Healy ( Mother )
(Address) 712 Dundalk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 26th, 1935

19. UNDERTAKER Tilley & Leila Sue.
(Address) 405 S. Wolfe St.

20. FILED 10-29-35 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) 22 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h elive on , 19 ; death is said
to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured Skull

Date of Onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county and State) O
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J M Bellin M.D.
(Address) Acting Coron.

If not buried, cremated, or removed, address State Registrar, 2411 N. Charles Street, Baltimore. Requisition U. S. No.

1935

F 17179 F 17179

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2647 N. Charles St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Dutton Kellum

(a) Residence: No. 2647 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | white | single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

DATE OF BIRTH (month, day, year) April 13, 1865

| AGE Years | Months | Days 16 | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 6 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Lewis Kellum

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME Sarah Fairbanks

16. BIRTHPLACE (city or town)
(State or country) Maine

17. INFORMANT William H. Kellum
(Address) 2633 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date Oct. 31, 1935

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1920 Eutaw Place

OCT 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1933, to Oct. 29, 1935

I last saw her alive on Oct. 27, 1935. Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Carcinoma, Primary in R upper quad of abdomen. Metastasis | Dec-33 |
| Other contributory causes of importance: Diabetes. | over |

Was an operation performed? No. (Refused)

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Course. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley Cole, M. D.

(Address) 2202 Garrison Boulevard

F 17180

F 17180 200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

REGISTERED NO. 50

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St. 12 Ward 7)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lelleau Blanch

(a) RESIDENCE NO. Delaware house Apts City 920 W University Pkwy. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr 6mos. ds. How long in U. S. if of foreign birth? yrs. mos.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| female | white | single |

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21, 1871

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 64 | 7 | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Jeremiah Blanch

11 BIRTHPLACE OF FATHER (City or town) Kent Co.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Daley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Dr. Jas. H. Ferguson Jr.

(Address) 920 W. University Parkway

15 Filed OCT 30 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-29-1935

17 I HEREBY CERTIFY, That I attended deceased from 10-17, 1935, to 10-29, 1935

that I last saw h[illegible] alive on 10-28, 1935

and that death occurred, on the date stated above, at 4.55 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast
metastasis to lung, left pleura
brain & sp. Column.

(duration) 2 yrs. mos.

CONTRIBUTORY (Secondary)

Pleural effusion, left (duration) yrs. 1 mos.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray plate

(Signed) J. O. Guttstadt M.D.

10-29, 1935 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — Date of Burial Oct. 31 19

20 UNDERTAKER John C. Mitchell & Sons Inc. — ADDRESS 1900 Eutaw

M B Mitchell

F 17181

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17181

## CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph F. Hindes

(a) Residence: No. Relay, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Effinger

DATE OF BIRTH (month, day, year) Dec. 23, 1862

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 10 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President Bromo Seltzer Co. (Drugs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph F. Hindes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary L. Seccombe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Emma Hindes

(Address) Relay, Md.

18. BURIAL, [redacted] Place Green Mount Cemty Date Oct. 31, 1935

19. UNDERTAKER John O. Mitchell & Sons, Inc.

(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1935, to 10/29, 1935

I last saw him alive on 10/27, 1935. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of lung | 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles H. Reis, M. D.

(Address) University Hospital.

F 17182

F 17182

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3600 Mohawk Ave St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Abraham L. B. Martin

If U. S. Veteran specify WAR

(a) Residence: No. 3600 Mohawk Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen R. Martin

DATE OF BIRTH (month, day, year) Mar 8 1866

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 7 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown Pa.

13. NAME Joseph E. Martin

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Susan H. Brinser

16. BIRTHPLACE (city or town) (State or country) Middletown Pa.

17. INFORMANT Ellen R. Martin

(Address) 3600 Mohawk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabethtown Pa. Date Nov 2, 1935

19. UNDERTAKER Harry A. Kincaid & Son

(Address) 4204 Ridgewood Ave.

20. FILED OCT 30 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Several Years, 19 , to Oct 30, 1935

I last saw h alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 7a, m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | 2 yrs. |
| | |
| | |
| Other contributory causes of importance: | |
| Cerebral hemorrhage | 3 yrs. |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2020 McCulloh

F 17183

F 17183

# HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for Women of Md.

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Hintze

(a) Residence: No. 224 East 20th St., Baltimore, Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 30 1888

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 5 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. of Physiology

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goucher College

10. Date deceased last worked at this occupation (month and year) October, 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) St. Louis Missouri

13. NAME Ezell Hintze

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Augusta Eberhardt

16. BIRTHPLACE (city or town) (State or country) St Louis

17. INFORMANT Miss Hintze

(Address) St Louis

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Mo Date Oct 30th 1935

19. UNDERTAKER Henry W. Jenkins Inc

(Address) Cathedral & Mt. Vernon Pl.

OCT 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1935 to October 27, 1935

I last saw h.e.r. alive on October 27, 1935. Death is said to have occurred on the date stated above, at 9 52 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post operative pulmonary embolus | X-21-35 |
| Myomata uteri; pelvic endometriosis | ? |
| Secondary anemia | ? |
| Pelvic operation Supravag. hysterectomy | X-21-35 |

Other contributory causes of importance:

Name of operation Bilat. salpingo oophorectomy Date of X-21-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Glenn Wilson Liddle, M. D.

(Address) Hospital for Women of Md Baltimore, Md

H. D. P. 1268-9

✓ F 17184

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17184

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 S. Fulton St. 19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis T. Cooper

(a) Residence: No. 332 S. Fulton ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Odelia Shea

DATE OF BIRTH (month, day, year) April 9-1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 6 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Francis T. Cooper Sr

14. BIRTHPLACE (city or town) (State or country) Brooklyn New York

15. MAIDEN NAME Frances Rhodes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John T. Cooper

(Address) 332 S. Fulton ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 31 19 35

19. UNDERTAKER F. D. Heskett & Son

(Address) Huntingtown Maryland

Filed OCT 30 1935, 19..... Registrar.

Huntingtown Maryland

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 / 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1935 to Oct 28 1935

I last saw h.. alive on Oct 28 1935 Death is said to have occurred on the date stated above, at 10 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | Oct 28 |
| Other contributory causes of importance: Bronchial Asthma & Myocarditis | Oct 1 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard L. Calvert, M. D.

(Address) 1027 N. Carrollton

M. D. B. 1268-9

F 17185

# F 17185 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 E. Payson St., 20 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sewell T. Clark

(a) Residence: No. 220 E. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Georgia M. Clark

6. DATE OF BIRTH (month, day, year) Sept. 1 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Shoes

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William A. Clark

14. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

15. MAIDEN NAME Rebecca A.

16. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

17. INFORMANT Mrs. Georgia M. Clark
(Address) 220 E. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 30-1935

19. UNDERTAKER J. B. Hippert & Son
(Address) 1300 Eutaw Place

Filed Oct 30 1935, 19..... Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-27-1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 14 1935 to Oct-27 1935

I last saw him alive on Oct 25 1935 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 10/27/35 |
| Aortic Regurgitation | 1934 |
| Other contributory causes of importance: Arterio Sclerosis | 1933 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mac O'Neill, M. D.

(Address) 108 N Fulton Ave

7186 RE 17186

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 E. Oliver St., 8 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 68 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Hyman

(a) Residence: No. 1904 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 31st - 1886

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw Hatter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker - 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Samuel Hyman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louisa Emrich

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Louisa Hyman

(Address) 1904 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 30 1935

19. UNDERTAKER Geo M. Frick & Son

(Address) 811 E. Lexington St

FILED Oct 30 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935 to Oct 28, 1935

I last saw him alive on Oct 21, 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Diabetes. — Date of onset 10 days
Chronic Endocarditis. — 4 years.
Uremia Intoxication heard. — Recent.

Other contributory causes of importance:

Chronic Nephritis.
Chronic Myocarditis.

Was an operation performed? no. Date of no

For what disease or injury? no

Name of operation no Date of no

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) James W. Nelson, M.

(Address) 1120 St Paul St.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

179 F 17187

17187

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E bray HECKLER

(a) RESIDENCE NO. 317 E 22 St. Ward X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Baby |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1933

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 2 | 1 | — | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

No Inquest necessary Dr Strohmeyer Coroner Otto

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Edray w Heckler

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Myrtle Montomery

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

14 Informant Myrtle Montomery Heckler

(Address) 317 E 22nd St Balto

15 Filed 19 Registrar

T 30 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct 27-1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935, to Oct 27, 1935, that I last saw h alive on Oct 27, 19, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lead poisoning Chronic joint pain wrist down Sicks

Accidental

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) convulsions vomiting aspiration asphyxia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? in home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Xray, Autopsy

(Signed) Colin MacRae M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Memorial Cemetery Date of Burial Oct 30 1935

UNDERTAKER Mary w Redfield ADDRESS 501 E 22nd St

17188 F 17188

# HEALTH DEPARTMENT—CITY OF BALTIMORE

45B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Jackson
(a) Residence: No. 424 N. Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col Race | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1885

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | 6 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Yard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Lumber
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.
13. NAME Samuel? Jackson
14. BIRTHPLACE (city or town) (State or country) ? Va.
15. MAIDEN NAME Leslie Thomas
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Hosp. Records.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct 30 1936
19. UNDERTAKER Hall & B. Bros
(Address) 132 W. Hamburg St.
20. FILED [illegible] Huntington Williamson [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1936

22. I HEREBY CERTIFY, That I attended deceased from
10-24 1936 to 10-27 1936
I last saw h[illegible] alive on 10-27 1936 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of tongue | 9 mos. |
| Other contributory causes of importance: | |
| Anuria | 6 mos. |

Was an operation performed? No Date of
For what disease or injury? ?
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Ralph J. Martin M. D.
(Address) Balto City Hospt

M. D. B. 1268-9

17189 E 17189

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Baker St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. W. Reed

(a) Residence: No. 3021 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Wh | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz. Seymour

6. DATE OF BIRTH (month, day, year) May 2 1842

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 93 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottle Bldg

10. Date deceased last worked at this occupation (month and year) 15 yrs ago

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Hanford Ct

FATHER

13. NAME Robt. W. Reed

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hannah Watters

16. BIRTHPLACE (city or town) (State or country) Hanford Co Md

17. INFORMANT Mrs Lidia Cass

(Address) 3021 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Nov 2 1935

19. UNDERTAKER Chas T. Davis Sons

(Address) 118 W. Mulberry St

Filed Nov 2 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1935 to Oct 30 1935

I last saw him alive on Oct. 29 1935. Death is said to have occurred on the date stated above, at 6.50 a m.

The principal cause of death and related causes of importance were as follows:

Gradual failing due to age.

Date of onset

Other contributory causes of importance:

No disease apparent Apoplexy-Arteriosclerosis Very Slight

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. A. Smith M. D.

(Address) 1605 N. Monroe Av.

✓ F 17190

7190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 5/a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Stokes

(a) Residence: No. 1606 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Hospital Records.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date 11/1/35 19

UNDERTAKER Chas H. Alexander

(Address) 912 Division St.

FILED

D 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.29.35

22. I HEREBY CERTIFY, That I attended deceased from 8.23.35 to 10.29.35

I last saw him alive on 10.29.35 Death is said to have occurred on the date stated above, at 9:05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | 10.27.35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| General carcinomatosis | 8-1-35 |
| Primary carcinoma of left kidney | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 608 W. Lanvale

17191 ✓ F 17191

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 5718 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 W. Garrison Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Eisenman

(a) Residence: No. Hanover Pa 3900 W Garrison Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Paul E. Eisenman

6. DATE OF BIRTH (month, day, year): July 17 1864

7. AGE: Years 71 | Months 3 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

13. NAME: Wilhelmina Zobel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Hilda Bergenthein

(Address) 3900 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Hanover Pa Date: Oct 30, 1935

19. UNDERTAKER: Wm J Tyson & Sons

(Address) 32nd & Evans Sts

30 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Oct 30, 1935

I last saw her alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Oedema | 5 days |
| Arterio Sclerosis | 5 yrs |
| Other contributory causes of importance: Senility | 6 yrs |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. D. Enos, M. D.

(Address) 4936 Park Heights Ave

M. D. P. 1268-9

✓ F 17192

17192

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Flynn

(a) Residence: No. 4530 Schenley Rd St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 1859

| 8. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret Ward

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Knight
(Address) 4530 Schenly Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Downs Date Oct 31 1935

19. UNDERTAKER L. P. Fugate & Son
(Address) 221 E Lafayette Ave

20. FILED OCT 30 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 1935

22. I HEREBY CERTIFY, That I attended deceased from October 16 1935 to October 28 1935

I last saw her alive on October 28 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Chronic nephritis | |
| 3. Chronic myocarditis | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. B. 1268-9

F 17193

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17193

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. dis. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur C. Brown

(a) Residence: No. 2262 Chesterfield Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Brown

6. DATE OF BIRTH (month, day, year) Dec 24 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper's distributor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Winkamp

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine M. Brown

(Address) 2262 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 31 1935

19. UNDERTAKER Fred S. Krause & Son

(Address) 1711 Pennsylvania Ave

Registrar.

0 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to October 28 1935

I last saw h alive on 10/28/35 Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocardial failure | June 35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | |
| Congestive Pneumonia | October 28 1935 |

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) 12 E. Chase St.

A&Co. 5-31 250B

F 17194

7194 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S. Broadway St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Cammarata

(a) Residence: No. 710 S. Broadway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Cammarata

DATE OF BIRTH (month, day, year) Oct. 13 1875

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 60 | | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Joseph Cammarata

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Rosie Fatt

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 30th 1935

19. UNDERTAKER Leo G. Brook
(Address) 1703 N. Patterson Park Ave

1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1935 to Oct 29 1935

I last saw him alive on Oct 29 1935 death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

Degenerative Myocarditis — Date of onset 6 mos

Other contributory causes of importance:

Acute Dilatation of Heart

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.

(Address) 601 Eastern Ave

D. B. 1268-9

F 17195

7195

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Hull Street St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 43 yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Zaleski

(a) Residence: No. 1115 Hull Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 11, 1878

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 7 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foremann H. Bull
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Line
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank Zaleski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Maryanna Kaminski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John J. Schonowski
(Address) 1205 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Brooklyn Oct 31, 19 35

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED Oct 29 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1935, to Oct 28, 1935
I last saw him alive on Oct 28, 1935 Death is said to have occurred on the date stated above, at 8.20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Senility | |
| Other contributory causes of importance: | |
| Exhaustion | 1 Day |

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Oct 29 (Signed) H. H. Campbell M. D.
29/35 (Address) 1042 E. Fort Ave.

H. D. B 1265-9

E 17196

# 196 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 246 S. Ann St., 2 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Agnes Nehring

(a) Residence: No. 246 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew

DATE OF BIRTH (month, day, year) January 1849

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 10 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grajens Germ. Poland

13. NAME John Zielski

14. BIRTHPLACE (city or town) (State or country) Unknown Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Catherine Nehring (Daughter in law)
(Address) 246 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Nov 2 . 1935

19. UNDERTAKER John M. Weber
(Address) 406 S. Chester St

Huntington Williams Mgr

0 1035

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (Probably) Chronic myocarditis | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright Coroner . M. D.

(Address) 1010 S. Edmondson Ave.

F 17197

7197 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

82-A

Registered No.

1. PLACE OF DEATH South Baltimore Gen. Hosp. (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? 21 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Nancy Jaworski

(a) Residence: No. 1441 Reynolds St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Jaworski

7. DATE OF BIRTH (month, day, year) Aug 15 1886

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 2 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 10/27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Jackowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Katherine Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Adam Jaworski

(Address) 1441 Reynold Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 2, 1935

19. UNDERTAKER John M. Weber

(Address) 404 S. Chester St

20. Filed Nov 2 1935 Hamilton Ferguson Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1935, to October 30, 1935

I last saw h. alive on October 30, 1935 Death is said to have occurred on the date stated above, at 4.35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/27 |
| Other contributory causes of importance: Broncho Pneumonia | 10/29 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William D. Wolfe, M. D.

(Address) South Baltimore Hosp.

1935

F 17198

7198-64

305

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 47-C

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm. E. Hildebrand

(a) Residence: No. 1031 N. Front St., Ward. Harrisburg Pa (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Alma

DATE OF BIRTH (month, day, year) 6/19/86

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 4 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME John Hildebrand

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ida Jordan

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Pa

Place Harrisburg Date Nov. 2 1935

19. UNDERTAKER W. J. Tickner & Sons

(Address) Harrisburg Pa

FILED 31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-~~24~~ 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1935 to Oct-~~24~~ 30 1935

I last saw h[illegible] alive on Oct-~~24~~ 30 1935 Death is said to have occurred on the date stated above, at 5.25 p m.

The principal cause of death and related causes of importance were as follows:

| | (?) | Date of onset |
|---|---|---|
| BRONCHOGENIC CARCINOMA | | 5/1/35 |
| PULMONARY HEMORRHAGE | | 10/20/35 |

Other contributory causes of importance:

| | | |
|---|---|---|
| ARTERIOSCLEROSIS | | ? |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hosp.

F 17199

17199

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Cypress St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Teodozja A. Grzegorzewska

(a) Residence: No. 1619 Cypress St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Adam Grzegorzewski

DATE OF BIRTH (month, day, year) Feb. 22nd 1872

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 62 | 8 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Albin Kopczinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. L. W. Cassel

(Address) 1619 Cypress St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date 10/31 1935

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED Oct 31 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to Oct. 28 1935

I last saw her alive on Oct. 28 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma breast | |
| | |
| | |
| | |
| Other contributory causes of importance: Generalized metastases | |

Was an operation performed? Yes Date of May 2 1935

For what disease or injury? Lumpectomy

Name of operation Biopsy Date of May 29 35

What test confirmed diagnosis? path. Laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Anthony V. Brukewicz M. D.

(Address) 37 S. Stricker St.

. D. B. 1268-9

F 17200 F 17200

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1714 Ethus St., 14 Ward)

ength of residence in city or town where death occurred 60 yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Larenia Harlington

(a) Residence: No. 1714 Ethus St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1871

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | ? | ? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 007

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eliza Mitchell
(Address) 1714 Ethus St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 10-31 1935

19. UNDERTAKER Mrs Geo. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1935 Arlington [illegible] Dept. [illegible]
(Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1935 to Oct 28 1935

I last saw h[illegible] alive on Oct 28 1935 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and reinted causes of importance were as follows:

| | Date of onset |
|---|---|
| A Carcinoma of Intestines. | ? |
| Other contributory causes of importance: | |
| Old age | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external cnuses (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward J. Mealley, M. D.

(Address) 1230 Druid Hill Ave

D. P. 1268-9

F 17201

17201 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Riggs Ave St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice V. Smith

(a) Residence: No. 1122 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female. | Colored. | Widowed. |

6. If married, widowed, or divorced (or) WIFE of Charles E. Smith.

DATE OF BIRTH (month, day, year) July 18 - 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 3 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) 9-7-35

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas McKenna

14. BIRTHPLACE (city or town) (State or country) Hanford Co, Ind.

15. MAIDEN NAME Ann R. Dearing

16. BIRTHPLACE (city or town) (State or country) Winchester Va.

INFORMANT Ethelda Ann Smith

(Address) 1122 Riggs Av.

BURIAL, CREMATION, OR REMOVAL.

Place Ft. Auburn Date 11-2 1935

UNDERTAKER Geo. H. Holland

(Address) 1631 Division St. Huntington Williamsport Pa

FILED 31 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 - 1935 to October 28 - 1935

I last saw her alive on October 26 - 1935 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | unknown |

Other contributory causes of importance:

| | |
|---|---|
| none | — |

Name of operation none Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

17202 F 17202

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth King

(a) Residence: No. 1318 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel King

7. DATE OF BIRTH (month, day, year) ?

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Stromp

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Niece

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Oct. 30, 1935

19. UNDERTAKER Elizabeth Hartley Inc.

(Address) 2112 E. Fayette St.

FILED OCT 31 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Oct 29, 1935

I last saw h[illegible] alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 11 25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Cardiac failure | 10-25-35 |
| Other contributory causes of importance: | |
| Cellulitis right leg | 10-15-35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis J. Schwentker M. D.

(Address) Sydenham Hospital

17203

F 17203

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred NO yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Seidman

(a) Residence: No. 5021 Cordelia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Seidman

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathaniel Seidman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL Date 10/31/35, 19

UNDERTAKER Louis Levit

(Address) 1439 E Baltimore St.

OCT 31 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935, to Oct 30, 1935

I last saw him alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Arteriosclerosis, chronic | |
| Myocarditis, Cardiac Hypertrophy & Dilation & Coronary Thrombosis | 1915 |
| Other contributory causes of importance: | |
| Chronic Nephritis | 1910 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J B Gross M. D.

(Address) Sinai Hospital

F 17204

F 17204

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Goldberg

(a) Residence: No. 1801 N. Smallwoos St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Alpert

6. DATE OF BIRTH (month, day, year) Feb. 13, 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 8 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Myer Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Goldberg

(Address) 1801 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL Date Oct 31, 1935

Place Westview Washington Rd

19. UNDERTAKER Sol Levinson & Bros

(Address) 117 E. Baltimore St

Oct 31 1935 (Registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquire thereon and from the evidence obtained by said Inquire find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

D. B 1268-9

F 17205

17205 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 - Darley Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MADALINE HOLTHOUSE

(a) Residence: No. 1238 - Darley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruben Holthouse

DATE OF BIRTH (month, day, year) 5/6/1902

| AGE Years | Months | Days | If LESS than 1 day: hrs. or min. |
|---|---|---|---|
| 33 | 5 | 23 | xx xx |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Walker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Leshha ( Fox)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Ruben Holthouse

(Address) 1238-Darley Ave.

BURIAL, CREMATION, OR REMOVAL Mary Hampden Date 10/31/35, 19

UNDERTAKER George J. Kelly Sons

(Address) 1700 Edmondson Ave

FILED OCT 31 1935 Huntington Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Contusions Body. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Congested heart. | |
| | |
| Engagement of brain. | new |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. Baltimore Ave.

F 17206 F 17206

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1418-E. Lafayette Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARIE BEAN — If U. S. Veteran specify WAR

(a) Residence: No. 1418-E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank T. Bean

DATE OF BIRTH (month, day, year): 10/3/1879

| AGE Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|
| 56 | - | 25 | XXXXXX |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Ernest Gundlach

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth (unknown)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank T. Bean
(Address): 1418-E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Cem. Date: Nov. 1st, 1935

19. UNDERTAKER: Geo. J. Ruth & Son
(Address): 1733 Eutaw Place

1935 Huntington Ave

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to Oct. 28, 1935

I last saw her alive on Oct. 27, 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endocarditis with Dilitation | 1932 |
| | abt |
| | |
| | |

Other contributory causes of importance:
Arterial Sclerosis & High Blood pressure.

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. O. Zimmerman M. D.
(Address) 2808 Maryland Ave

M. D. B. 1268-A

17207

F 17207

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hosp. St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia - Geraldine - Brashears

(a) Residence: No. 128 Castle St St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 30 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 | 11 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Charles Brashears

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Margaret Beran

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Margaret Brashears

(Address) 128 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 31 1935

19. UNDERTAKER Martin W. E. Ruppel

(Address) 31 S Carey St.

20. FILED Oct 31 1935 Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1935 to Oct 29, 1935

I last saw her alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 11 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Infection Encephalitis | 10/10 |
| Acute Cystitis | 10/ |
| Pneumonia Hypostatic | ) |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Israel Rose M. D.

(Address) West Balto. General Hosp.

17208

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17208

## CERTIFICATE OF DEATH

131 V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. Eden St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lottie Cornwell

(a) Residence: No. 610 N. Eden St. Ward. Chester S.C.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced (or) WIFE of: Jesse Cornwell

DATE OF BIRTH (month, day, year): 1884

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chester S.C.

13. NAME: Howard Taggert

14. BIRTHPLACE (city or town) (State or country): Chester S.C.

15. MAIDEN NAME: Ellen Wilkes

16. BIRTHPLACE (city or town) (State or country): Chester S.C.

17. INFORMANT (Address): Mrs Pelligrew Massey 610 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL: Place Chester S.C. Date Nov. 1 1935

19. UNDERTAKER (Address): Robert L. Young 804 N. Caroline St.

OCT 31 1935 19 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935 to Oct 28, 1935

I last saw h[illegible] alive on Oct 27, 1935 Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-Pneumonia (due to Kidney Disease) | Oct 26 1935 |
| Other contributory causes of importance: Paresthesia of Nephritis Arthro-sclerosis also Myocarditis | 3 or 4 yrs. |

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. T. Young M. D.

(Address) 424 E Montmorenci St

17209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17209

## CERTIFICATE OF DEATH

X 100

1. PLACE OF DEATH Maryland General Hosp 11 Registered No.
CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Charles E. Benson
(a) Residence: No. Kingsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (Write the word) |
|---|---|---|
| M. | W. | Married |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Angela Leeson Benson

DATE OF BIRTH (month, day, year) July 29-1880

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 3 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Asst. E. Benson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Smithson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Chas E Benson
(Address) 2431 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 1st 35

19. UNDERTAKER Fortmeyer Sons
(Address) 222 W Saratoga St

FILED OCT 31 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30-35

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1935 to 10-30 1935
I last saw him alive on 10-30 1935 Death is said to have occurred on the date stated above, at 7:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| D. D. T. | |
| Diabetes, left leg | |
| | about |
| | |
| | |

Other contributory causes of importance:
Pulmonary embolus

Was an operation performed? No Date of —
For what disease or injury?
Name of operation Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Kennedy M. D.
(Address) Maryland General Hosp

F 17210

M. D. B. 1268-9

F 17210 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Woodbrook Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolly Ann Plowden

(a) Residence: No. 2437 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Ferdaiman Plowden

DATE OF BIRTH (month, day, year) Jan. 18, 1848

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 87 | 87 | 9 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME Alfred Fredrick

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Ann Fredrick

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Francis H Plowden

(Address) 2437 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 2nd 1935

19. UNDERTAKER Mrs. Robert A Elliott daughter

(Address) 1129 Caroline St

20. FILED NOV 1 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1934, to October 29, 1935

I last saw her alive on October 29, 1935. Death is said to have occurred on the date stated above, at 5 34 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardio-Vascular Disease | 11 MO. |
| Other contributory causes of importance: | |
| Arterio-sclerosis | 3 yrs |
| Senility | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

17211 F 17211

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 823 N. Bond St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John Garnett
(a) Residence: No. 823 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

If married, widowed, or divorced HUSBAND of Lilly Garnett

6. DATE OF BIRTH (month, day, year) Feb. 20 1875.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | 8 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline County Virginia

13. NAME John Garnett

14. BIRTHPLACE (city or town) (State or country) Caroline County Va.

15. MAIDEN NAME Ellen (Unknown)

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Virginia

INFORMANT Lilly Garnett
(Address) 823 N. Bond St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Oct 31/11 1935

UNDERTAKER Mrs. Edward A. Elliott-daughter
(Address) 1129 Caroline St.

FILED 31 1935 Thurston Publicity Co.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1935 to Oct 28 1935
I last saw him alive on Oct 27 1935. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 10/14/35 |
| | |
| | |
| Other contributory causes of importance: Multiple Neuritis | ? |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Albert L. Lafont M. D.
(Address) 1116 Myrtle Avenue

F 17212

17212 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 909 N. Fremont St. 17 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Hawkins

(a) Residence: No. 909 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colo | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Hawkins

DATE OF BIRTH (month, day, year) Dec 1882.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month and year) 9/34 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Annapolis Co Md.

13. NAME Thomas Hawkins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Harriet Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sarah Hawkins

(Address) 909 N. Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Oct 31st 1935

19. UNDERTAKER Archibald A. Gaddis

(Address) 2015 W. Fulton Ave

Huntington Ravenel M.D.

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/35

22. I HEREBY CERTIFY, That I attended deceased from Aug 27th, 35, to Oct 28th, 35

I last saw he alive on Oct 28th, 35 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | 10/28/35 |
| | |
| | |
| | |

Other contributory causes of importance: Bronchial Asthma 9/27/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) De T. Guyer M. D.

(Address) 522 N. Arlington Ave

F 17213

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 17213

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Williams Mullins

(a) Residence: No. ..... St., ..... Ward. S Car

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | white | — |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1-5-35

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 9 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME J. K. Williams

14. BIRTHPLACE (city or town) (State or country) S. Car

15. MAIDEN NAME Jane Myrick

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 31 1935

19. UNDERTAKER John O. Mitchell Sons

(Address) Huntington Ave.

NOV 1 1935, 19.... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935 to Oct 31, 1935

I last saw h[illegible] alive on Oct 31, 1935. Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus, congenital | birth |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Yes Date of 10/29/35

For what disease or injury? hydrocephalus

Name of operation Ventriculo pleurostomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

Edward S. Stafford, M. D.

(Signed)

(Address) Johns Hopkins Hospital

D. B 1268-9

F 17214

17214 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Franklin Square Hospital 141 W. Baltimore St., 19 Ward)

CITY OF BALTIMORE: (No.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Catherine Grayson Gordon

(a) Residence: No. Ashokan St., Ward. Ashokan N. Y.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

If married, widowed or divorced
~~HUSBAND~~ of
(or) WIFE of James Gordon

DATE OF BIRTH (month, day, year) Oct 27, 1915

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 20 | 8 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) New York, N.Y.
(State or country)

13. NAME Stanley Krayson

14. BIRTHPLACE (city or town) Indianapolis
(State or country)

15. MAIDEN NAME Julia Soulowska

16. BIRTHPLACE (city or town) Poland
(State or country)

INFORMANT Stanley Grayson
(Address) Victoria Long Island

BURIAL, CREMATION, OR REMOVAL

Place New York Date 10-31, 19 35

UNDERTAKER Robert Brooks & Son

(Address) Baltimore Md

FILED 1935, 19 Huntington Wilkerson M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a. Uremia: Hemorrhage following miscarriage | |
| b. Abortion | |
| c. | |
| d. | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. H. Claiborne M. D. Coroner

(Address) 1937 Edmondson Ave

M. H. D. 1268-9

F 17215

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17215

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Joseph Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in City or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma A. Chaffinch

If U. S. Veteran specify WAR None

(a) Residence: No. 3101 Towanda Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel B Chaffinch

6. DATE OF BIRTH (month, day, year): June 22 1870

7. AGE: Years 65; Months 4; Days 5; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Chas J Bond

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME OF MOTHER: Mary E Shaney

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Samuel B Chaffinch

(Address) 3101 Towanda Ave

18. BURIAL, CREMATION OR REMOVAL: Place Cathedral Date Nov 1 1935

19. UNDERTAKER: Leonard J Buck Inc

(Address) 5 E Preston St

20. FILED: NOV 1 1935

Huntington Williams

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lues Aortic | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide ... Date of injury 10 29 1935

Where did injury occur? Stockholm & Monument Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Huntington Williams M. D.

Coroner

(Address) 542 Park Ave

F 17216 ✓ F 17216

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4803 Gunther Ave St., 26 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Mintz

(a) Residence: No. 4803 Gunther ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 16th 1860

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 9 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

13. NAME Christiana Mintz

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

INFORMANT Mrs. J. Henry Ridgely

(Address) 4803 Gunther Ave.

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Nov 2 35

UNDERTAKER Frederick Lassahn Son

(Address) 7401 Belair Road

FILED OCT 31 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th 1935

I HEREBY CERTIFY, That I attended deceased from October 26 35 to October 30 35

I last saw her alive on October 29 35 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | 2 |
| Valvular Insufficiency | 2 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. A. Meyer M. D.

(Address) 1031 N. Caroline Str.

F 17217

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17217

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4921 Harford Road St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Schafer

(a) Residence: No. 4921 Harford Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa W. Schafer

DATE OF BIRTH (month, day, year) May 6 1865

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 5 | 23 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal 0066

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation 23

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Joseph Schafer

13. BIRTHPLACE (city or town) (State or country) Unknown Germany

14. MAIDEN NAME Wilhelmina Schuff

15. BIRTHPLACE (city or town) (State or country) Unknown Germany

INFORMANT Louisa W. Schafer

(Address) 4921 Harford Road

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Nov. 1 1935

UNDERTAKER Frederick Woodyard Sons

(Address) 7401 Belair Road

FILED 1935 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29th 1935

22. I HEREBY CERTIFY That I attended deceased from Apr-10 1935 to Oct 29 1935

I last saw h... alive on Oct 29 1935. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance:

Arterio Sclerosis (Cerebral) — Date of onset .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C Carroll Jones M. D.

(Address) 4106 Harford Road

10/30/35

F 17218

F 17218

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1214 Greenmount Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dy.

If U. S. Veteran specify WAR

2. FULL NAME Mary Mc Carty

(a) Residence: No. 1214 Greenmount Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, ~~widowed, or divorced~~ (or) WIFE of Harry Mc Carty

7. DATE OF BIRTH (month, day, year) Mar 11th 1874

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 7 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0637

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Harford Co Md
(State or country)

13. NAME of Father John Mc Caslin

14. BIRTHPLACE (city or town) Balto Co Md
(State or country)

15. MAIDEN NAME Mother Hannah Tredaway

16. BIRTHPLACE (city or town) Harford Co Md
(State or country)

17. INFORMANT Mrs Laura Brock
(Address) M. E. Home for Aged

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 1st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19 Nov 1 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Oct 29 1935
I last saw him alive on Oct 29 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Adeno Carcinoma of Liver and Gall Bladder — Date of onset Early in 1935

Other contributory causes of importance: acute cystitis — Sept 1935

Was an operation performed? yes Date of July 29 1935

For what disease or injury? Carcinoma Liver-gall bladder

Name of operation Laperatomy Date of 7/29/35

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Geraghty M. D.

(Address) 106 E. Biddle St

AaCo. 5-31 250B

F 17219

# 17219 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N Sharp St. 22 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jean Jackson

(a) Residence: No. 808 N Sharp St., 22 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (Write the word) |
|---|---|---|
| F | Col. | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 1930

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 5 | 8 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as stk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md.
13. NAME Richard Jackson
14. BIRTHPLACE (city or town) (State or country) md
15. MAIDEN NAME Priscy Doran
16. BIRTHPLACE (city or town) (State or country) md.
17. INFORMANT Richard Jackson
(Address) 808 N Sharp Street
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/1/35 19...
19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

31 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/28/1935 to 10/30/1935
I last saw her alive on 10/30/1935 death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 10/28/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Colds. | |
| | |

Name of operation none Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jno Buckley, M. D.
(Address) 519 N Caroline ave

7220 ✓ F 17220

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Stefano Maltese If U. S. Veteran specify WAR .....

(a) Residence: No. 18 S. East Ave St., ..... Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Maltese

DATE OF BIRTH (month, day, year) May 23, 1865

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 5 | 6 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Fruit

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Maltese

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Vita Caruso

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Jennie Taroming

(Address) Kenwood ave Overlea

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 1st 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 2918 E. Balto st

19. FILED ..... 19..... Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1935 to October 29, 1935

I last saw him alive on October 29, 1935. Death is said to have occurred on the date stated above, at 4:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Pulmonary Oedema | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | |
| Arteriosclerosis | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Willard Jeffrey M. D.

(Address) Sinai Hospital

7221 E 17221

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Carson

(a) Residence: No. 3219 Westwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M Carson

DATE OF BIRTH (month, day, year) Sept 27 1870

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 1 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Savings Bank Bldg

10. Date deceased last worked at this occupation (month and year) Dec 34

11. Total time (years) spent in this occupation Two

12. BIRTHPLACE (city or town) (State or country) Belmont New Jersey

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida M Carson

(Address) 3219 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date Nov 1 1935

19. UNDERTAKER Towill & Byrne

(Address) 1017 W Lexington St.

20. FILED 1 1935 Huntington Indiana

OCPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935, 19 35 to October 30 19 35

I last saw h in alive on October 29, 19 35 Death is said to have occurred on the date stated above, at 12:10 A/m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of bladder | 1934 |
| Uremia | Oct 29 35 |
| Bronchopneumonia | Oct 29 35 |
| | Acute |

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Carcinoma of bladder.

Name of operation Suprapubic cystotomy Date of Sept 35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

F 17222

17222 A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

48

## CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH Union Memorial Hospital

City of BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lizzie Coltrider

(a) RESIDENCE NO. 809 Bowers St. Baltimore Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | widow |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1862

| 7 AGE | Years | Months | Days | IF LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 0 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (now)

(b) General nature of industry, business, or establishment in which employed (or employer) (Housework)

(c) Name of employer

9 BIRTHPLACE (city or town) Hoffmanville

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Ernest Rankia

11 BIRTHPLACE OF FATHER (City or town) .....

(State or country) Germany.

12 MAIDEN NAME OF MOTHER .....

13 BIRTHPLACE OF MOTHER (city or town) .....

(State or country) Germany.

14 Informant Mrs. Reggie Ensor

(Address) 809 Bolton St. Balto Md

1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 30 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1935, to Oct. 30, 1935, that I last saw her alive on Oct. 30, 1935, and that death occurred, on the date stated above, at 7:35 P.m.

The CAUSE OF DEATH* was as follows:

arteriosclerotic heart disease with mitral insufficiency;

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative shock (operation - biopsy of cervix, D.&C.).

(duration) yrs. mos. 1 days

18 Where was disease contracted if not at place of death? Progressive for years.

Did an operation precede death? Yes Date of Oct. 30, 1935

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Nevrie E. Mast, M. D.

Oct. 30, 1935 (Address) Union Memorial Hospital, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stull Cemetery. York Co. Pa.

Date of Burial Nov 2nd 1935

20 UNDERTAKER Paul M. Hartenstein

ADDRESS New Freedom Pa.

F 17223

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17223

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME John W Friel

(a) Residence: No. 1832 E. Bank St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Sept 25 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter $1.50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John P Friel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Dunn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John P Friel (Father)

(Address) 1832 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 2. 19 35

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 4033 E. Baltimore St.

20. FILED 19 Registrar.

NOV 3 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 19 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Concussion of brain, fracture of skull | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 10/27 19 35

Where did injury occur? Charleston & Chapel Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Jumped from behind a parked truck

Nature of injury Struck by moving automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Bayley Pate M. D.
Coroner

(Address) 407 N. Charles St

17224

✓ F 17224

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Charles R Hurtt

(a) Residence: No. 3046 ODonnel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florene Hurtt

7. DATE OF BIRTH (month, day, year) Nov. 14/1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 58 | 57 | 11 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Manager for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas. & Elec. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert M. Hurtt

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Mary E. Spangler.

16. BIRTHPLACE (city or town) (State or country) Williams Port. Md.

17. INFORMANT (Address) Mary E Opil 3046 ODonnel ST. Sister.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date Nov. 2 1935

19. UNDERTAKER (Address) Tilly & Zeiler 403 S. Wolfe St.

OCT 31 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935 to Oct 30, 1935

I last saw him alive on Oct 30, 1935 Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | 10/25/35 |
| peritonitis, Duodenal | 10/25/35 |
| | |
| | |
| Other contributory causes of importance: | |
| Heart Failure | 10/30/35 |
| Intestinal Obstruction | 10/25/35 |

Was an operation performed? yes Date of 10/25/35

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 10/25/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John M. Warren, M. D.

(Address) Univ. Hospital

F 17225

H. D. B 1268-9

17225

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-e

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Lyncn

(a) Residence: No. 2814 Brighton St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dared

DATE OF BIRTH (month, day, year) Aug 30 1885

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 2 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Tax Commission

10. Date deceased last worked at this occupation (month and year) Oct 29 35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME Maiwell Edward

14. BIRTHPLACE (city or town) ..... (State or country) Wales

15. MAIDEN NAME Hannah Evans

16. BIRTHPLACE (city or town) York Co. (State or country) Penna.

17. INFORMANT Relative Lyncn (Son)

(Address) 2814 Bright St.

18. BURIAL, CREMATION, OR REMOVAL Dulty Cemetery Oct 1/3 1935

Place Maiwell Cemetery

19. UNDERTAKER .....

(Address) .....

20. FILED 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Senility, Senescence

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave. Coroner

17226 F 17226

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1802 Baker St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie E. Wolf
If U. S. Veteran specify WAR

(a) Residence: No. 1802 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George L Wolf

DATE OF BIRTH (month, day, year) Aug 2 1883

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 2 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry G Lochenauer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lollie Myers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George L Wolf
(Address) 1802 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 11/2 1935

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul Street

FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4th 1932 to Oct 28th 1935

I last saw her alive on Oct 28th 1935. Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the Ovary | |
| Other contributory causes of importance: | |
| Syncope malnutrition | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. J. Sanken M. D.
(Address) 119 N. Milton Ave

F 17227

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Esther Mitchell

(a) Residence: No. Petersburg, W. Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

3. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Mr. Byron Mitchell

DATE OF BIRTH (month, day, year) July 9, 1900

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 35 | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg W. Va.

13. NAME J. L. Forman

14. BIRTHPLACE (city or town) (State or country) Petersburg W. Va.

15. MAIDEN NAME Virginia Baker

16. BIRTHPLACE (city or town) (State or country) Petersburg W. Va.

17. INFORMANT Byron Mitchell

(Address) Petersburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg W. Va. Date Nov 1 1935

19. UNDERTAKER Bibee Funeral Home

(Address) 417 E. Broadway

20. FILED 1-1935 Huntington, W. Va.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 1935 to Oct. 31 1935

I last saw her alive on Oct. 31 1935. Death is said to have occurred on the date stated above, at 7:38 Pm.

The principal cause of death and related causes of importance were as follows:

Paralytic Ileus — Date of onset 10-23-35

Other contributory causes of importance:

myocardial failure

Name of operation Nephrotomy Date of 10-28-35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

F 17228

F 17228

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 721 Linnard St. 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence A Hazell
If U. S. Veteran specify WAR No Record

(a) Residence: No. 721 Linnard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced (or) WIFE of George W Hazell

6. DATE OF BIRTH (month, day, year) Dec. 18th 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 10 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME OF FATHER DeWitt Albaugh

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Maria L Brant

16. BIRTHPLACE (city or town) (State or country) York Penna

17. INFORMANT George W Hazell
(Address) 721 Linnard St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 2 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

NOV 1 1935 Washington Undertakers Assistant

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: found 5-6 a.m.

| | Date of onset |
|---|---|
| Angina Pectoris | |

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Hann, M. D.
Coroner

(Address) 1215 Hanover

F 17229 F 17229

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Schmidt If U. S. Veteran specify WAR No Record

(a) Residence: No. 1205 Bloomingdale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

6. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Henry Schmidt

7. DATE OF BIRTH (month, day, year) 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 yrs | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0000

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Ba. Co. Md.
(State or country)

13. NAME Jacob Wise

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 1st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED 19

1 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-25 1935, to 10-30 1935.
I last saw her alive on 10-30 1935. Death is said to have occurred on the date stated above, at 6:12 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| Other contributory causes of importance: Myocardial failure | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John W Bazzaby M. D.
(Address) Maryland General Hosp

F 17230 F 17230

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., Ward) 22 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Kackinskeas If U. S. Veteran specify WAR

(a) Residence: No. 312 Penna St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, year) ?-1882

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Geo. Kackinskeas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 4 1935

19. UNDERTAKER John Gelbauckas

(Address) 1423 S. Paca St

20. DATE 1935 Huntington Indiana Nov 1st

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/15, 1935 to 10/31, 1935

I last saw him alive on 10/31, 1935. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 3 days |
| Hypertension | ? |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reate M. D.

(Address) Balto City Hosp.

17231 F 17231

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 94B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Linden Ave St., Ward) 14 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Wolf Cohn

(a) Residence: No. 1832 Linden Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Cohn

DATE OF BIRTH (month, day, year) 1872

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Hyman Cohn

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Freda ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mr. Hoffenberg
(Address)

BURIAL, CREMATION, OR REMOVAL Shaw Washington Md. Date 11/1/35 19

UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Balto. St.

FILED 1-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1922, 19..., to Nov 1, 1935

I last saw h[illegible] alive on Nov 1, 1935 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follow: Coronary thrombosis. — Date of onset

Other contributory causes of importance: Arterio-sclerosis, Chronic bronchitis & Emphysema.

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Corbin Strett M. D.

(Address) 712 Park Ave. Balto.

17232 F 17232

# HEALTH DEPARTMENT—CITY OF BALTIMORE

305638 CERTIFICATE OF DEATH ✓ 106a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward) 11

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Armsentrout.

(a) Residence: No. 11 E. Centre St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | single. |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 9 1908

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27. | 2 | 20 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME M. Armsentrout

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Margaret Evans

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Cedar Bluff Annapolis Md. Nov 2 1935

Place

UNDERTAKER (Address) Henry W. Jenkins Sons Co 1 E. Fulton St. Baltimore Md.

FILED Huntington Nov 4 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-29 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-27 1935 to Oct-29 1935

I last saw her alive on Oct-29 1935. Death is said to have occurred on the date stated above, at 8.15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myasthenia gravis | 1931 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Bronchitis | Oct 24 1935 |
| Respiratory paralysis | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

F 17233

DHH 126

F 17233

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 186a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 O'Donnell St., Ward) 26 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Hill

(a) Residence: No. 3305 O'Donnell St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas

DATE OF BIRTH (month, day, year) Aug 11 1858

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 77 | 2 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. assist in housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Akers

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Md

INFORMANT (Address) Mrs Stella Arrington 3416 Elliott St

BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Nov. 2, 1935

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St

FILED Huntington Pulaski

NOV 2 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| coma from | |
| Myocardial failure | |
| arterio sclerotic (Chronic | |
| myocarditis) | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Oct 21, 1935

Where did injury occur? 3305 O'Donnell St Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at her home

Manner of injury Fall down 2 steps (cellar)

Nature of injury Fracture left shoulder

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) N. W. Wright, M. D.

(Address) 1005 Ellwood Ave Coroner

M. D. B. 1288-B

F 17234

F 17234

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Ramona Ave St., Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mrs Rose Estelle Eaton

(a) Residence: No. 3207 Ramona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Eaton

6. DATE OF BIRTH (month, day, year) Dec 18 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 65 | 10 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Nelson A. Hankemiller

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Un known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Dora Metzger
(Address) 3207 Ramona Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls cem Date Nov 2 1935

19. UNDERTAKER George W. Zeibler
(Address) 1737 E Eager St

20. FILED 1935 Washington Williams D.C.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1935 to Oct 30 1935

I last saw her alive on Oct 29 1935 Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | |
| Chronic Nephritis | |
| Carcinoma of body of Uterus | |
| Intestinal Obstruction | |
| Uremia | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) E. L. Schumunk M. D.

(Address) 842 S. East Ave

F 17235

F 17235

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3421 N Caton Ave Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E Koerber If U. S. Veteran specify WAR

(a) Residence: No. 3421 N Caton Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

If married, widowed or divorced HUSBAND of (or) WIFE of Wm Koerber

DATE OF BIRTH (month, day, year) Mch 9 1862

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 7 | 22 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jos. Bardroff

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Wm J Koerber

(Address) 3421 N Caton Ave

BURIAL, CREMATION, OR REMOVAL Loudon Park Cem 11/2 1935

UNDERTAKER Joyce A Tenley

(Address) Fulton & Fayette

FILED 1935 Huntington & Pulaski

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to Oct 31 1935

I last saw h. W alive on Oct 31 1935. Death is said to have occurred on the date stated above, at 3:2a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis Gangrene R foot | 3 month |
| Diabetes | 12 yrs |
| Chronic Nephritis | 10 " |
| Myocarditis | 10 " |
| Other contributory causes of importance: | |
| Passive Congestion Lungs & Liver | 3 days |

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Bonelli M. D.

(Address) 4213 Frederick Ave

F 17236

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92a

Registered No. F 17236

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 W Lafayette Ave Ward) 10 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. Ennis

(a) Residence: No. 1200 Valley St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hoffman

DATE OF BIRTH (month, day, year) 6 January 1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 9 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fur Specialist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Lucien Ennis

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Kueler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor. 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL (Place) Cathedral Cem. Date 11/2 1935

19. UNDERTAKER Joseph C. Fackler (Address) 1200 W. Lafayette Ave

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 30 October 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933, to Oct 30, 1935

I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | ? |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertension | ? |
| Arteriosclerosis | ? |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Parker, M. D.

(Address) 111 E Hamilton

F 17237

F 17237

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV93-C

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4515 Garrison Ave. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Fisher

(a) Residence: No. Woodlawn Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christian H. Fisher

DATE OF BIRTH (month, day, year): May 6 1864

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 5 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

13. NAME: Not known.

14. BIRTHPLACE (city or town) (State or country): Not known.

15. MAIDEN NAME: Catherine Frantzick

16. BIRTHPLACE (city or town) (State or country): Germany.

INFORMANT: Christian H. Fisher.

(Address) Woodlawn Md.

BURIAL, CREMATION, OR REMOVAL

Alice Woolley Md. 11-1 1935

UNDERTAKER: Mrs Chas A Kolb

(Address) 327 Edmondson Ave.

FILED 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1 1935 to October 29 1935

last saw her alive on October 29 1935 Death is said to have occurred on the date stated above, at 12.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage - | Sept 1, 1935 |
| Hypo-static pneumonia- | one day |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis . | About 8 yrs |
| Myocarditis | June 1, 1935 |

over

Name of operation: Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Dublett. M. D.

(Address) 2220 Garrison Blvd.

F 17238

17238

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 130

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5712 Kinnear Ave. Ward) 27
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Florence M. Cockey

(a) Residence: No. 5712 Kinnear Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of (the late) Charles N. Cockey

DATE OF BIRTH (month, day, year) Oct 5 1866

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69. | 0 | 25. | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 1037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Carroll Co. Md.
13. NAME John M. Boring
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Matilda Fleagle
16. BIRTHPLACE (city or town) (State or country) Unknown.
17. INFORMANT Mrs Lotta T. Schillinger
(Address) 5712 Kinnear Ave.
18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem. Date Nov 2nd 1935
19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.
20. FILED 11-1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1935
22. I HEREBY CERTIFY, That I attended deceased from 10/18 1935 to 10-30- 1935
I last saw her alive on 10/29- 1935 Death is said to have occurred on the date stated above, at 1.20 PM.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset 10/25 about
Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) John H. Mossissee M. D.
(Address) 362 E. Eland Ave

17239 F 17239

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH V 349-131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Lee

(a) Residence: No. 726 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles Lee

7. DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Hickman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/1/35 19

19. UNDERTAKER Charles H. Alexander
(Address) 916 Druid Hill Ave

FILED Dec 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1935 to Oct. 29, 1935

I last saw her alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | |
| Aortic insufficiency | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Myocardial degeneration. | |
| Chronic nephritis | |
| Fibroma uteri | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Waller Sherwington M. D.

(Address) 1606 Penna. Ave.

F 17240 F 17240

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Jenkins Alley St., Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Fairfax

(a) Residence: No. 1013 Jenkins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6. If married, widowed, or divorced, BUSBAND of (or) WIFE of Janet Fairfax

7. DATE OF BIRTH (month, day, year) March 26, 1884

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 51 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Va

13. NAME of father John Fairfax

14. BIRTHPLACE (city or town) (State or country) Warrenton Va

15. MAIDEN NAME of mother Emma Lumpkin

16. BIRTHPLACE (city or town) (State or country) Warrenton Va

17. INFORMANT Richard Hackley

(Address) 717 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Nov 1 1935

19. UNDERTAKER Adolphus Halstead

(Address) 924 Madison Ave

20. FILED Nov 1 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25. 1935 to Oct 29. 1935

I last saw him alive on Oct 29. 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Duration | Date of onset |
|---|---|---|
| (a) Coronary Thrombosis | 4 days | |
| (b) | | |
| (c) | | |
| (d) | | |

Other contributory causes of importance: Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Stiles M. D.

(Address) 924 Madison Ave

M. D. F. 1268-9

F 17241

# F 17241 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 E. 33rd St. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Frances Parlett

(a) Residence: No. 316 E. 33rd St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Frank Parlett

DATE OF BIRTH (month, day, year) July 27, 1847.

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 88 | 3 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Hinrod Gosnell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Clementine Crawford

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Simon J. Kemp,
(Address) 316 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 2, 19 35

19. UNDERTAKER Fitzgerald & Hughes
(Address) 4101 Edmondson Ave. Huntington Hardware, Inc.

FILED 19 Registrar

-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30 19 35

22. I HEREBY CERTIFY, That I attended deceased from October 4 19 35 to October 30 19 35
I last saw her alive on October 21 19 35 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Asthenia - Pellagra | |
| Other contributory causes of importance: | |
| Arteriosclerosis | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) Wm. J. Schmit, M. D.
(Address) 21 N. Kinderhook Ave.

F 17242

H. D. B 1268-9

17242 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 122B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St., Ward)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Ebelein

(a) Residence: No. 617 W. Hamburg St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Michael Ebelein

DATE OF BIRTH (month, day, year) Jan. 17, 1846

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 89 | 9 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Robert Heelthaker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Rieker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Doerner

(Address) 619 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 4 35

19. UNDERTAKER Wm. Rickert Sons

(Address) Hearse & Taxicabs Huntington Maryland

20. FILED ..... 19 ..... Registrar.

-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1935, to Oct. 31, 1935

I last saw h.. alive on Oct. 31 1935 Death is said to have occurred on the date stated above, at 2:40 .m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | 10/21/35 |

Other contributory causes of importance:

Name of operation Enterostomy Date of Oct 27

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) W. B. & H.

M. D. B 1268-9

Traywick ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

7243

## CERTIFICATE OF DEATH

94B

F 17243

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1509 Park ave St., 14 Ward)

Length of residence in city or town where death occurred 1st yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. J. Morrison Traywick

if U. S. Veteran specify WAR

(a) Residence: No. 1509 Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | about 70 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Caroline Shaw

(Address) 1215 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cokesbury N. C. Date Nov. 1 1935

19. UNDERTAKER Bernard J. Fisher

(Address) 5133 Harford Rd Balto Md.

Huntington Williams Co

(Registered Embalmer)

NOV 1 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said I I find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above, and 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline Shaw M. D. Coroner

(Address) 1215 Hanover St.

F 17244

17244

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 136B

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., ..... Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clinton Keys
If U. S. Veteran specify WAR .....

(a) Residence: No. 206 N. 4th St., Crisfield Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sue Handy

DATE OF BIRTH (month, day, year) December 25, 1906

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 10 | 6 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deckhand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0086
10. Date deceased last worked at this occupation (month and year) 10-12-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

13. NAME Arthur Dawson

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

15. MAIDEN NAME Hannah Coleman

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Cem Date Nov 3, 1935

19. UNDERTAKER (Address) John A Bradshaw Crisfield, Md

FILED - 1935 Huntington Williams, MD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1935, to October 31, 1935

I last saw h.im alive on October 31, 1935. Death is said to have occurred on the date stated above, at 12:35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis, suppurative, perineum and scrotum | 10-1 |
| Other contributory causes of importance: Septicemia | 10-26 |

Was an operation performed? Yes Date of 10-27-35
For what disease or injury? Cellulitis
Name of operation Incision & drainage Date of 10-27-35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H.H. Moore, M. D.
(Address) U.S. Marine Hospital, Balto.

F 17245

17245 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

46B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bald City Hosp St., ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Baker Green

(a) Residence: No. 204 N. Appleton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elijah.

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 ? | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Richard Baker.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Harvey ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Husband.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 2, 1935

19. UNDERTAKER Mrs Kate R Williams

(Address) 332 N Schroeder St Washington Pittsburgh, Pa

FILED 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1935 to 10/29, 1935

I last saw her alive on 10/29, 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days. |
| Carcinoma of stomach | 3 mo. |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of Yes

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L Reiter, M. D.

(Address) Bald City Hosp

M. D. B. 1268-9

✓ F 17246

17246 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 613 Bond St., 17 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Locks

(a) Residence: No. 613 Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | widow |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Locke

DATE OF BIRTH (month, day, year) Oct 28 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 50 | 49 | | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington S. C.

13. NAME Jesse White

14. BIRTHPLACE (city or town) (State or country) Wilmington S. C.

15. MAIDEN NAME Amanda?

16. BIRTHPLACE (city or town) (State or country) Wilmington S. C.

17. INFORMANT Hattie Long
(Address) 613 Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Nov 2, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St. Hunting for Wilmington, N.C.

20. FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1935, to Oct 29, 1935
I last saw h[illegible] alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 9 35 am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | July 1935 |
| Other contributory causes of importance: | |
| Arteriosclerosis | 1934 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Abbey, M. D.

(Address) 253 Bond St

M. D. B 1268-9

F 17247

17247

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jones

(a) Residence: No. 1236 N Carlington Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Jones

6. DATE OF BIRTH (month, day, year) April 16-1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 28 | 6 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 6040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rocky Mount N C
(State or country)

13. NAME George Washington Jones

14. BIRTHPLACE (city or town) N C
(State or country)

15. MAIDEN NAME Nettie Gladen

16. BIRTHPLACE (city or town) N C
(State or country)

17. INFORMANT Arthur Jones
(Address) 711 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkton N.C. Date Nov 2, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St Huntington Williams, Jr.

OV 1 - 1935 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lobar Pneumonia | Oct 30/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: nr

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 50 Carrington St

. D. B. 1268-9

7248 F 17248

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Bouldin St 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna V. Schoenhoff

(a) Residence: No. 305 S Bouldin St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard J Schoenhoff

DATE OF BIRTH (month, day, year) Jan 6 - 1873

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 9 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Baum

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Ulrich

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Bernard J Schoenhoff

(Address) 305 S. Bouldin St

BURIAL, CREMATION, OR REMOVAL

Place Forest Park Cem Date Nov ... 1935

UNDERTAKER Robt C & B M Walters

(Address) Pratt & Stricker Sts

FILED Dec 2 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1935 to Oct 29, 1935

I last saw h[illegible] alive on Oct 29, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | about 2 days |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Cancer - Pancreas | Oct 29 - 3 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alma B Leeman, M. D.

(Address) 716 N Pattersen Park ave

F 17249 ✓ F 17249

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3518 Buena Vista Ave. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Edward N. Ruby
(a) Residence: No. 3518 Buena Vista Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Ruby.

7. DATE OF BIRTH (month, day, year) Feb 2, 1863.

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 8 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter .0015
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation ...
12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Samuel Ruby. Md.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Miranda Snyder.
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Mary A. Ruby.
(Address) 3518 Buena Vista Ave
18. BURIAL, CREMATION, OR REMOVAL Manchester, Md. Date Nov 3, 1935
19. UNDERTAKER Thompson & Son.
(Address) 3615-17 Edmondson Ave.
20. FILED 19 ... Registrar

1-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Oct 31, 1935
I last saw her alive on Oct 31, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

| | Duration between onset and death |
|---|---|
| Chronic Nephritis & Arterio-Sclerosis | about 2 years. |

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jonas Dreikorn M. D.
(Address) 846 W 36 St Balto

F 17250

H. D. B. 1268-9

7250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-N

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Bond St., 7 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hazel Penry Stephenson (Stevenson)

(a) Residence: No. 624 N. Bond St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| f | c | Married |

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Walter Stephenson

DATE OF BIRTH (month, day, year) 4/20/1915

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 6 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic ans

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Van Lear Ky

13. NAME William Penry

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Fannie Johnson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Margaret Wilson

(Address) 1630 Middlebrook St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Calvary Date 11/4, 1935

19. UNDERTAKER Robert A. Goeltz

(Address) 804 N. Caroline St.

20. FILED 1935 Washington Williams

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1935 to 10-31, 1935

I last saw her alive on 10-29, 1935 Death is said to have occurred on the date stated above, at 10:30 m.a.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombosis | 10-10-35 |
| Other contributory causes of importance: Mitral Insufficiency | 2 |

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

nv If so, specify .....

(Signed) Hazel Penry M. D.

(Address) 1500 E. Madison St.

3103 Stafford ✓ F 17251

7251

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert N. Price (Robert Wilson 3103 Stafford N Price)

(a) Residence: No. 2 W. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | ~~Married~~ Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor ~~Cobb~~ Price

DATE OF BIRTH (month, day, year) September 12, 1860

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | ~~75~~ | 1 | 18 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

13. NAME Geo. B. Price

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Athelia Beard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Nov. 2, 1935

19. UNDERTAKER Robt H Cook

(Address) 1003 W. Baltimore St.

Huntington Williams, Reg.

Registrar.

-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1935 to 10/30, 1935

I last saw him alive on 10/30, 1935 Death is said to have occurred on the date stated above, at 2 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| Arteriosclerosis | 5 |
| Hypertension | ? |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

7252

F 17252

# HEALTH DEPARTMENT—CITY OF BALTIMORE

36

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roland C Mullen

(a) Residence: No. 2108 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | — |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) July 3, 1935

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 3 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Roland Mullen

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Josephine Velenosky

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL Nov. 1
Place Baltimore Cemetery Date ~~Oct 31~~ 1935

19. UNDERTAKER William B. Schaeffer
(Address) 1816 E. Monument St

FILED 1935 Huntington Williams, M.D.
RPN

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1935, to Oct 30, 1935

I last saw him alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malnutrition | 2 mo |
| | |
| | |
| Other contributory causes of importance: | |
| Septicemia | 2 days |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C A Layton M. D.

(Address) Mercy Hospital

F 17253

7253 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3414 Guilford Terrace St., 12 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Raleigh Bruce Ebert

(a) Residence: No. 3414 Guilford Terrace St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| ale | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of --------

DATE OF BIRTH (month, day, year) March 10, 1868

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | 7 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilmer Black & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Octavus Ebert

13. BIRTHPLACE (city or town) (State or country) Frederick Maryland

15. MAIDEN NAME Rosealba Lovejoy

16. BIRTHPLACE (city or town) (State or country) -------- England

INFORMANT (Address) Miss Editha S. Clark 3414 Guilford Terrace

[redacted], CREMATION, [redacted] Place Loudon Park Cem. Date 11/2 35

UNDERTAKER Henry A. Meyer's Son (Address) 805 W. Lafayette St.

FILED 1935 Huntington Williams, Agt

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1924, to Oct 31 - 1935

I last saw him alive on Oct. 29, 1935. Death is said to have occurred on the date stated above, at 7 30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis N. Gay, M. D.

(Address) 1114 St Paul St. Balto. Md.

D. B 1268-9

Coroner Gurley 5142 Park Hgts Ave - 216 2243

# HEALTH DEPARTMENT—CITY OF BALTIMORE

7254 F 17254

## CERTIFICATE OF DEATH

Registered No. 210-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Removed to Dead at St Agnes Hospital 1/3

CITY OF BALTIMORE: (No. ..... St., ..... (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Meta C. Henry

(a) Residence: No. New York Ave Balto Highlands Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced
HUSBAND of ——— ———
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22nd 1933

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 2 | 3 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Henry

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Clara Snyder

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Edward Henry
(Address) New York Ave - Balto Highlands

BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov 2nd 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1935 Huntington Williamsport Pa

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on 11-1-35 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fatal Injuries | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-31 1935
Where did injury occur? Balto Highlands (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Ran over by a bus (Auto)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.....

(Signed) H. Gurley Steele M. D. Coroner
(Address) 5142 Park Hgts Ave

7255 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 7255

## CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Raynor "B"

(a) Residence: No. 1933 Herbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9-22-35

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 1 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Raynor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Florence Jones

16. BIRTHPLACE (city or [illegible] (State or country) Deals Island Md

INFORMANT Edwin A. Raynor

(Address) 1933 Herbert St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 2nd 1935

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1935, to 10-30, 1935

I last saw h[illegible] alive on 10-30, 1935. Death is said to have occurred on the date stated above, at 8 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 9-22-35 |
| Diarrhea | 10-20-35 |

Other contributory causes of importance:

| | |
|---|---|
| Bronchopneumonia | 10-28-35 |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R B Josey, M. D.

(Address) Baltimore City Hosp

F 17256

17256 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary O'Shea

(a) Residence: No. 406 W. 29th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Phillip O'Shea

7. DATE OF BIRTH (month, day, year) June 1st 1874

| 8. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 yrs. | 0 10 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Manchester Maryland.

13. NAME Jesse Cease

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Bacon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie L. Shearer

(Address) 405 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 4th 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1935 to Nov. 1, 1935

I last saw her alive on Nov. 1, 1935 Death is said to have occurred on the date stated above, at 12:55 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver | |
| | about |

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton L. Sachs, M. D.

(Address) Mercy Hospital.

Vt. D. B. 1268-9

✓ F 17257

17257

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Wilkens Ave St., 25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Mrs. Scharf

(a) Residence: No. 3621 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Scharf

7. DATE OF BIRTH (month, day, year) Aug. 1st - 1852

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 83 | 7 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Martin Kittel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Fuhrer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John A. Scharf

(Address) 3621 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mur Cathedral Date Nov. 2 1935

19. UNDERTAKER George L. Schnabel

(Address) 2101 Fredrick Ave.

20. 1935 - Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to October 30 35

I last saw her alive on 10/30 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile anemia | 1 yr ago |
| Other contributory causes of importance: Myocardial degeneration | 10 days ago |

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 3030 Wilkens Ave

F 17258

7258

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4309 Powell Ave 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louise A Gunther

(a) Residence: No. 4309 Powell Ave St., Ward.
(Usual place of abode) 46 Years (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
(or) WIFE of Christian A Gunther

DATE OF BIRTH (month, day, year) Sept 27-1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 1 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Fleming

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Emma Witzigen

(Address) 4309 Powell Ave

BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem Date 11/2 35

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED Hunter for Witness Registrar.

1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from September 16 1935 to October 31 1935

I last saw her alive on October 31 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 10/26 |
| | |
| | |
| | |

Other contributory causes of importance:

Hypocondritis over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Amelia E Link M. D.

(Address) 1717 N. Caroline St

Drzymala

F 17259

7259

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46 F

Registered No.....

1. PLACE OF DEATH South Baltimore Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Simon Drzymala

(a) Residence: No. 407 S. Durham St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Mary Drzymala

DATE OF BIRTH (month, day, year) October 19, 1871

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Shop. 0062

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation One

12. BIRTHPLACE (city or town) (State or country) Posen Poland

13. NAME John Drzymala

14. BIRTHPLACE (city or town) (State or country) Posen Poland

15. MAIDEN NAME Angeline Soltyszak

16. BIRTHPLACE (city or town) (State or country) Posen Poland

17. INFORMANT Mrs. Mary Drzymala

(Address) 407 S. Durham St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place St. Stanislaus Cem. Date Nov 7, 1935

19. UNDERTAKER W. J. Sadowski & Son

(Address) 1804 Eastern Ave.

20. FILED Nov 7 1935 Huntington Williams Registrar.

No. 1955

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1935 to October 31, 1935

I last saw h. alive on October 31, 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of pancreas | |
| Generalized peritoneal carcinoma | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of .....

For what disease or injury? Cancer of head of pancreas.

Name of operation Cholecystgastrostomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

NO If so, specify .....

(Signed) William D. Wolfe, M. D.

(Address) South Baltimore Hosp.

F 17260

17260 HEALTH DEPARTMENT—CITY OF BALTIMORE

87B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6311 Harford Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Nickel

(a) Residence: No. 6311 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sallie A. Nickel

DATE OF BIRTH (month, day, year) Jan 22 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 9 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1930

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME George Nickel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Ryssinger

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Sallie Nickel
(Address) 6311 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Nov. 4, 1935

19. UNDERTAKER L. L. Tyck
(Address) 5305 Harford Rd

FILED 2-1935, 19 Huntington Pitcairn, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1933, to Nov 1 1935

I last saw him alive on Oct 31 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Cerebro-Spinal Sclerosis | 1933 |
| Other contributory causes of importance: Arteriosclerosis | 1930 |

Was an operation performed? no. Date of

For what disease or injury?

Name of operation none. Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? none.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none.

Nature of injury none.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Gordy, M. D.

(Address) 5306 Harford Rd

F 17261

17261 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5304 Greenhill Ave (Ward)
Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Anthony S. Pietsch

(a) Residence: No. 5304 Greenhill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A. Pietsch

DATE OF BIRTH (month, day, year) Feb. 15 - 1908

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 27 | 8 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Konstantine Pietsch

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Antonetta Simkus

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Catherine Pietsch

(Address) 5304 Greenhill Ave

BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date 11/4/35

UNDERTAKER Leonard Rupp

(Address) 5305 Harford Rd

Huntington Pittsville, Md

FILED 12-1935 19... Registrar 11/1/35

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to Nov 1 1935

I last saw h... alive on Nov 1 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |

Other contributory causes of importance:

Chronic Nephritis
Arteriosclerosis
Hypertension

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 4752 Harford Road

F 17262

H. D. B 1268-9

F 17262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 406 Lawrence St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha C. Martin If U. S. Veteran specify WAR .....

(a) Residence: No. 406 Lawrence St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Dec 19 1900

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 10 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lenoir N.C.

13. NAME John C. Martin

14. BIRTHPLACE (city or town) (State or country) Suffolk Va.

15. MAIDEN NAME Patsy A. Chatman

16. BIRTHPLACE (city or town) (State or country) Capron Va

17. INFORMANT Patsy A. Martin Mother

(Address) 406 Lawrence St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 2 35 19

19. UNDERTAKER Thomas E. Kelson

(Address) 503 Pennsylvania Ave Huntington West Virginia

FILED VS 1035 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said " (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 9 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Insufficiency | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Story M. D.
Coroner

(Address) 1215 Hanover

M. D. B. 1268-9

F 17263

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17263

## CERTIFICATE OF DEATH

78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Howard

If U. S. Veteran specify WAR

(a) Residence: No. 2415 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov 18-1934

8. AGE: Years | Months: 11 | Days: 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Leonard Howard

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Viola Cole

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Viola Howard

(Address) 2415 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 2 1935

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St

FILED Nov 2 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess Brain | Oct 25 1935 |

Other contributory causes of importance: none

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo L. Allen M. D.

Coroner

(Address) 507 Aug. St.

D. P. 1268-9

F 17264

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17264

## CERTIFICATE OF DEATH

✓ 111-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Light St 24 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel A Marshall

(a) Residence: No. 1721 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Schelhaus

DATE OF BIRTH (month, day, year) July 29, 1870

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 3 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Alexander Marshall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna Marshall

(Address) 1721 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov. 4 35

19. UNDERTAKER Margaret Flynn

(Address) 2107 E. Eutaw St.

Huntington Williams, M.D.
Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1/35 . 19 . to Nov. 1/35 . 19

I last saw him alive on Nov. 1/35. . 19 . Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pulmonary Oedema. | Nov. 1/35. |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Henry Wade Chamberlain M.D.

(Address) 933 Hanover St.

F 17265

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17265 ✓ 108

## CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Redwood St., 15 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. like mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Austin Brown

(a) Residence: No. 708 Reed St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | black | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 3rd 1935.

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| | 4 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME Lillian Brown

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Lillian Brown (Address) 708 Reed St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 2 1935

UNDERTAKER V. G. Brooks (Address) 1463 N. Carey St.

Huntington Millicent, Md.

FILED 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1935, to Nov. 1, 1935

I last saw him alive on Nov. 1, 1935. Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia (right) | Oct. 28th |
| Pericarditis | Oct. 29th |
| Pneumococcic meningitis | Oct. 31 |

Other contributory causes of importance?

Was an operation performed? no Date of.....

For what disease or injury?.....

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Robinson, Jr. M. D.

(Address) University Hosp.

M. D. B. 1268-9

F 17266

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17266

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon. Secours Hospital 93-C Registered No.

CITY OF BALTIMORE: (No. 70 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Meagher If U. S. Veteran specify WAR.

(a) Residence: No. 1848 West Saratoga St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Meagher.

6. DATE OF BIRTH (month, day, year) March 25-1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank C. Melzer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Reibert

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. John H. Meagher (Address) 1840 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 11-4 1935

19. UNDERTAKER Bernard C Harde (Address) 1000 Pleasant Huntington Avenue

20. 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 3-4 mo. |
| Gradual Heart Failure | |

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

ec.—2-29-28—L. F. S.—500 Bks.

F 17267

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17267

## CERTIFICATE OF DEATH

27-B

1—PLACE OF DEATH Children's Hospital School. REGISTERED NO.

ITY OF BALTIMORE: (No. ST. 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Edgar Dalton Burris

(a) RESIDENCE NO. 5105 Oaklawn Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, and year) Dec. 25, 1922

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | 10 | 6 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

BIRTHPLACE (city or town) (State or country) Baltimore County Md. (Whitehall).

10 NAME OF FATHER John Dalton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hartford County, Md.

12 MAIDEN NAME OF MOTHER Jessie M. Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County Md.

Informant Mrs. John Dalton (father)

(Address) 5105 Oaklawn Road City

Filed 1935, 19 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31, 1935

17

I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932, to Oct 31, 1935, that I last saw h im alive on Oct 31, 1935 and that death occurred, on the date stated above, at 3.13 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Ten (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Abscesses & general debility (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home (mother had Tbc)

Did an operation precede death? Yes Date of Sept 20, 1935

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. M. Nichols, M. D.

10/31, 1935 (Address) 1814 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Liberty Cem. White Hall Md.

DATE OF BURIAL Nov. 2, 1935

UNDERTAKER John D. Denny

ADDRESS 715 Light St.

H. D. B. 1268-9

F 12268

7268

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1238 S Decker ave

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Petrowiak

(a) Residence: No. 1238 S. Decker ave St., ..... Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Anna Petrowiak

DATE OF BIRTH (month, day, year) 1863

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank Poland

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Petrowiak
(Address) 1238 S Decker ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 11/4 19 35

19. UNDERTAKER John J Reyda
(Address) 2811 Huntington Ave

FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from October 25 1935 to October 31 1935

I last saw h[illegible] alive on October 31 1935 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Bronchial Pneumonia | 10/24/35 |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | |

Name of operation None Date of .....

What test confirmed diagnosis? Clin. & X. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Jos. A. Rosenblatt M. D.

(Address) 308 O'Donnell St.

F 17269

17269) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Fulton Ave St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene T. Sullivan,

(a) Residence: No. 1027 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Mullineaux Sullivan,

DATE OF BIRTH (month, day, year) May 14, 1875.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 5 | 16 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Vans.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Furniture

10. Date deceased last worked at this occupation (month, day, year) August 1935

11. Total time (years) spent in this occupation 45 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Eugene T. Sullivan,

14. BIRTHPLACE (city or town) (State or country) Baltimore City

15. MAIDEN NAME Sarah Worley,

16. BIRTHPLACE (city or town) (State or country) Hanover Penna,

17. INFORMANT Mrs Ida M Sullivan

(Address) 1027 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL NOV 4 1935

Place Western

19. UNDERTAKER Geo W Sisle

(Address) 2700 Edmondson Ave.

1935 Huntington Whitacre, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 1 1935

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935 to Nov. 1, 1935

I last saw him alive on October 31, 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Papillomatous carcinoma of bladder (male) with metastases to regional lymph nodes, liver, gall bladder, bones and lungs and resulting Cachexia and anoxia | Jan. 1935. |

Other contributory causes of importance:

No other causes.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Urinanalysis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave.

M. D. B. 1268-9

✓ F 17270

7270

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Appleby St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Lacey

(a) Residence: No. 1314 Appleby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1863.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 72 | 7 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Richard Burns

(Address) 1617 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Nov 3, 1935

19. UNDERTAKER Thos. J. Hayes & Son

(Address) 2405-7 Eutaw Place

20. F 1935 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1/31, 19 to Nov 1/35, 19

I last saw him alive on Nov 1/35, 19 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Nov |
| | 6 hrs |

Other contributory causes of importance: Arteriosclerosis & Hypostasis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Coldwood, M. D.

(Address) 1202 Eutaw

. D. B. 1268-9

✓ F 17271

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17271 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3145 S. Vincent St., 19 Ward)

ength of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Hinson Wer Jackson Powell

(a) Residence: No. 3145 S. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eldridge Henson.

DATE OF BIRTH (month, day, year) March 24-1893.

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | 7 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10-37

10. Date deceased last worked at this occupation (month and year) August 1935

11. Total time (years) spent in this occupation Baltimore Md

BIRTHPLACE (city or town) (State or country)

13. NAME James Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth Warner

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Charles Jackson

(Address) 3165 S. Vincent

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 4 1935

UNDERTAKER Chas. D. Wilson

(Address) 1000 E. Baltimore St.

FILED Nov 2 - 1935, 19... Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935, to Oct 30, 1935.

I last saw her alive on Oct 30, 1935. Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis Interstitial | 9/ 35 |
| | work |
| | |
| | |
| Other contributory causes of importance: Menopause | |
| | |
| | |
| | |

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm A. Wright, M. D.

(Address) 1209 Park Ave

F 17272

F 17272 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Gen'l Hosp St., W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mrs. Nathan L. Waly

(a) Residence: No. 2842 Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Widowed |

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Lee Waly

DATE OF BIRTH (month, day, year) Oct 6, 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | — | 25 | |

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Richard H. Preece
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Charlotte Keen
16. BIRTHPLACE (city or town) (State or country) Harford Co Md
17. INFORMANT Richard E. Preece
(Address) 2842 No Calvert St
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 2 1935
19. UNDERTAKER John C. Mitchell Hearse
(Address) 1500 Eutaw St Huntington Maryland

FILED 2-1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1935 to 10-31, 1935

I last saw h[illegible] alive on 10-31, 1935. Death is said to have occurred on the date stated above, at 9.23 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ac. gangrenous appendicitis | 9-25-35 |
| | |
| | |
| | |

Other contributory causes of importance:
Chronic myocarditis

Was an operation performed? Yes. Date of 9-29-35
For what disease or injury? Ac gangrenous appendicitis
Name of operation Appendectomy Date of 9-29-35
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W Bramby M. D.
(Address) Maryland General Hosp

17273

F. 17273

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93 C

1. PLACE OF DEATH Maryland General Hosp St., Ward 11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., Ward

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harvey M. Dickson

(a) Residence: No. 1109 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 6, 1855

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 80 79 | 1 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumberman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Horace N. Dickson

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME ~

16. BIRTHPLACE (city or town) (State or country) ~

17. INFORMANT Horace N. Dickson

(Address) 1046 Raymur Ave. Norfolk, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 11/9/35 19

19. UNDERTAKER Chas. O. Mitchell Funeral Inc.

(Address) 1900 Eutaw Place

Huntington Williams, M.D.

19 Registrar

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-35

22. I HEREBY CERTIFY, That I attended deceased from 11-4-35 to 11-6-35

I last saw him alive on 11-6, 1935 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Other contributory causes of importance: Cerebral Hemorrhage | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John N Barnaby M. D.

(Address) Maryland Gen Hosp

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 17274

F 17274

CERTIFICATE OF DEATH

REGISTERED NO. 100

1-PLACE OF DEATH Union Mem. Hosp

City of BALTIMORE: (No. ____ St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr James E. Creaghan

(a) RESIDENCE NO. 335 Broadway Ext., Belair, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Creaghan

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1899

| 7 AGE | Years | Months | Days | IF LESS than 1 day ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 36 | | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pool Room Manager

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER John Thomas Creaghan

11 BIRTHPLACE OF FATHER (City or town) ____

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E Allen

13 BIRTHPLACE OF MOTHER (city or town) ____

(State or country) Maryland

14 Informant Helen Creaghan

(Address) Bel Air Md

Filed 12-2 1935 . 19 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1 1935

17 I HEREBY CERTIFY, That I attended deceased from 10-28 1935, to 11-1, 1935

that I last saw h[illegible] alive on 11-1, 1935

and that death occurred, on the date stated above, at 6 20 p.m.

The CAUSE OF DEATH* was as follows:

Fat Embolism

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Thrombophlebitis, saphenous, rt.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) L. Clagett Leas, M. D.

11-2 . 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chase Md — Date of Burial Nov. 5 1935

20 UNDERTAKER Howard K. McCauley — ADDRESS Aberdeen Md

✓ F 17275

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17275

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Park Ave. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara Cohn

(a) Residence: No. 2202 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 18, 1874

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 11 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

13. NAME Joseph Cohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Betty Bergman

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

INFORMANT Miss Rose Cohn

(Address) 2202 Park Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Nov. 3 1935

UNDERTAKER David Sondheim & Son

(Address) 1902 Eastern Ave

Huntington Wellmore, M.D. Registrar.

FILED 2 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to 11/1, 1935

I last saw him alive on 10, 31, 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | 2 yrs ago |

Other contributory causes of importance:

Carcinoma of breast and lungs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Friedenwald, M. D.

(Address) 1013 N. Charles St.

M. D. B 1265-9

17276 ✓ F 17276

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH Pronounced dead on arrival at Hospital
Was Baltimore General Hospital
CITY OF BALTIMORE: (No. 25 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony F. Malinofski If U. S. Veteran specify WAR

(a) Residence: No. 250 S Broadway and St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helga A. Malinofski

6. DATE OF BIRTH (month, day, year) Aug. 6, 1904

7. AGE Years 31 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME August Malinofski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Galata

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helga Malinofski
(Address) 250 S Broadway, Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Nov. 1 1935

19. UNDERTAKER Fred F. Leitz
(Address) 401 E. Monument Ave.

20. FILED 1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above from dying

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet wound of heart | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Oct 31, 1935
Where did injury occur? on street
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place on or near corner Maine & Curtis Sts.
Manner of injury Shot with pistol
Nature of injury Wounds of chest through heart

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner
(Address) 216 Hanover

Spec.—1-12-23—M&T—500 Blks.

17277 F 17277

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 705 Forest ST., 10 WARD)

2-FULL NAME Charles Jones

(a) RESIDENCE NO. 705 Forest ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: C
5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Amelia Jones

7 DATE OF BIRTH (month, day, and year) 1-91

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 0 | 0 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 0240
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer Gloucester Co

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Chas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Gloucester Co Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William Jones (Address) 122 Brevard Street

15 Filed Oct 31 1935, 19 Huntington Phillips, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935 to Oct 30, 1935, that I last saw h[illegible] alive on Oct 30, 1935 and that death occurred, on the date stated above, at 5A m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs ..... mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) C. B. Hughes M. D.
Oct 31 1935 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 2 1935

20 UNDERTAKER Wm Geo. E. Holland — ADDRESS 1601 Bank

F 17278

17278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 E. Jefferson St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Evans

(a) Residence: No. 1707 E. Jefferson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Evans

6. DATE OF BIRTH (month, day, year) May 11/1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 5 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER FATHER

13. NAME John C. Lohmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhemina Warrens

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Mc.Coy

(Address) 512 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs. Date Nov. 4/35

19. UNDERTAKER Fally & Dailey

(Address) 1405 S. Wolfe St.

20. FILED Huntington Williams, M.D.

2 - 1935 OCPH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to Oct 31 1935

I last saw her alive on Oct 31 1935. Death is said to have occurred on the date stated above, at 7 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease | ?, |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Keller, M. D.

(Address) 1937 Gough St.

Spec.—7-17-26—A Co.—200 Bks.

17279

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17279

✓ 100

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Bernetta Keys

(a) RESIDENCE NO. 3019 St Paul St. Ward City.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Mar. 6, 1870

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 65 | 7 | 25 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher W68

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Co.

(State or country) Md.

PARENTS

10 NAME OF FATHER Wilson Keys

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Mary Gessford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 1, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1935 to Nov. 1, 1935

that I last saw her alive on Nov. 1, 1935

and that death occurred, on the date stated above, at 9:15 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism.

Dermatitis Toxic.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Thrombophlebitis Lt 12 hrs.

leg. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? — Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Robert Hinkley, M. D.

11/1, 1935 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mrs. C. M. Stocksdale

(Address) 623 St. Johns Road

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion. Balto. Co.

Date of Burial Nov. 2, 1935

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS North & Lanvale

17 1935 Huntington Williams, Registrar

F 17280

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ryjacek

(a) Residence: No. 152 N. Lakewood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Ryjacek

6. DATE OF BIRTH (month, day, year) Nov. 10, 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 30 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER'S MAIDEN

13. NAME Joseph Ryjacek

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

15. MAIDEN NAME Anna Trestik

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Evelyn Ryjacek

(Address) 152 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 4, 1935

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave.

20. 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct. 30, 19

For what disease or injury? Injury

Name of operation Remove Presure

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, Accident Date of injury Oct 30, 19

Where did injury occur C. D. Kenny 518 S. Eutaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fracture of Skull due to

Nature of injury Fall when Rung of ladder broke

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Had to worke from Ladde

(Signed) [illegible] M. D.

(Address) 27 S. Eutaw Street

H. D. B 1268-9

17281 F 17281

# 17281 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4434 Pallmall Rd. St., 15 Ward) 43-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lillian F. Gerke.

(a) Residence: No. 4434 Pallmall Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | ---; | ------ | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. f00

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Gerke.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Lyle.

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mable Gonzalez.

(Address) 3023 Rosalind Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 4th 1935

UNDERTAKER Henry Hopkins Jr. & Eckhardt

(Address) 2 E Baltimore St

FILED 3-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Arthritis.

Chronic Myocarditis.

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

(Address) 11/1/35 1017 N. Charles St.

F 17282

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17282

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME William Coffey (Deceased)

(a) Residence: No. Poorhouse St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

3. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Alice M. Coffey deceased

DATE OF BIRTH (month, day, year) 6-12-1855

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 4 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

13. NAME John Coffey ? Ky

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Nancy Codey ? Ky

16. BIRTHPLACE (city or town) (State or country) ? Ky

17. INFORMANT (Address) Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov 24 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 3-1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1935 to 11-1, 1935

I last saw him alive on 11-1, 1935 Death is said to have occurred on the date stated above, at 6.30 m.

The principal cause of death and related causes of importance were as follows:

Partial Intestinal Obstruction Due to Malignancy of Colon (?)

Date of onset (?)

Other contributory causes of importance:

Jaundice (?)

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt J Mantin M. D.

(Address) Balto City Hospt

F 17283

F 17283

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Harris #2

(a) Residence: No. Sinai Hospital St., 2013 Whittington Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 1, 1935

| AGE Years | Months | Days | If LESS than 1 day, 8 hrs. or 20 min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lee Bronner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Date 11/3/35, 19..

UNDERTAKER [illegible]

(Address) [illegible] E. Baltimore

FILED 1935 Huntington Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to Nov. 2, 1935

I last saw him alive on Nov. 2, 1935 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Diener, M. D.

(Address) Sinai Hospital

F 17284

F 17284

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5 Ward)

(If death occucced in a hospital oc institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foceign birth? 51 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rebecca Goldberg

(a) Residence: No. 1224 E. Fayette St., ..... Ward. .....
(Usual place of abode) (If non-resident give city oc town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Goldberg

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 73 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Work

9. Industcy or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date decee sed last worked at this occe pation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Father Brenner

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Rachael

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joe Glavin
(Address) 1223 E Eldey St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Date 11-3-35, 19

19. UNDERTAKER: Jos. Louis Sons
(Address) 1433 E. Baltimore St

FILED 11-3-1935 E. Fenton Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Broncho-Pneumonia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to extecnal causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Whece did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Mannec of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Rabenhorst, M. D.
Coroner

(Address) 1919 E. North Ave

F 17285

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17285

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH Sinai Hospital Of Baltimore

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., 15 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Libbie Lasinsky

(a) Residence: No. 3508 Park Heights Ave SE Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 11/3/35, 19

UNDERTAKER Jack Levine Inc

(Address) 1439 E. Baltimore

FILED 1935 Thurston Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1935 to Nov 2, 1935

I last saw her alive on Nov 2, 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of stomach. Bilateral parotitis. Bilateral basilar infection. Cardiac insufficiency. Cardiac hypertrophy. Tricuspid dilatation. Angina pectoris. | 8-30-35 |
| Other contributory causes of importance: Arteriosclerosis. Mitral insufficiency. | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac A. Lasinsky, M. D.

(Address) Sinai Hospital

F 17286

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17286

## CERTIFICATE OF DEATH

205-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 3 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles E. Leonhart

(a) Residence: No. 333 N. Gay St., Ward. Birmingham Ala

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) [illegible] 1875

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 60 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Metal Spining & Refinishing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

INFORMANT Records of Johns Hopkins Hospital

(Address) N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Birmingham, Ala. Date Nov. 3, 1935

UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

FILED [illegible] Hunting for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 8:05 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforation of small intestine | 1 day |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Broncho-pneumonia | |
| | |

Name of operation Closure Perforation Date of 10/31/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/31 19 35

Where did injury occur? 300 E. Federal St. Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck sideways with Spinning wheel

Nature of injury Perforation of small intestine

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Struck with spinning wheel

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

17287 Cor Helen 2757 W. North Ave Bal 3/5 V-F 17287

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., X Ward) 26-10
Length of residence in city or town where death occurred ....yrs. 9 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Cardwell Evans

(a) Residence: No. 122 S. East Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married, Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Single |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 16th 1915

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 20 | 7 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator Manner 2086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loading Apparatus
10. Date deceased last worked at this occupation (month and year) 9/26/35
11. Total time (years) spent in this occupation 9 mo.

BIRTHPLACE (city or town) (State or country) Pittsburg Pa

13. NAME Albert Evans
14. BIRTHPLACE (city or town) (State or country) Bowdil Ohio
15. MAIDEN NAME Sarah Higginbottom
16. BIRTHPLACE (city or town) (State or country) Bowdil Ohio

INFORMANT W. C. Higginbottom
(Address) 330 Bowersham Ave. Menon. Pa.

BURIAL, CREMATION, OR REMOVAL
Place Bowdil Ohio Date Nov 4th 1935

UNDERTAKER William Cook
(Address) 1217 St. Paul St

FILED NOV 5 - 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... Death is said I last saw h..... alive on ....., 19..... to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 26 1935
Where did injury occur? 2204 S Clinton St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Fell from Loaded Car
Nature of injury Multiple Fx

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work

(Signed) E. L. Wellen M. D.
(Address) 2757 W. North Ave Coroner

F 17288 ✓ F 17288

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clyde (Clybon) Mingo

(a) Residence: No. 873 W. Franklin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Mingo

DATE OF BIRTH (month, day, year) 1906

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lancaster South Carolina

13. NAME John Mingo

14. BIRTHPLACE (city or town) (State or country) Lancaster South Carolina

15. MAIDEN NAME Hattie Perry

16. BIRTHPLACE (city or town) (State or country) Lancaster South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date Nov 3 19 35

19. UNDERTAKER Adolphus Hubbard
(Address) 1782 Druid Hill Ave

20. FILED 19 - 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1934 to October 29, 1935

I last saw him alive on October 29, 1935 Death is said to have occurred on the date stated above, at 10.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Oct. 1933 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leon H. Feldman, M. D.
(Address) Baltimore City Hospitals

17289

F 17289

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lorah Gordon

(a) Residence: No. 710 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~
4. Color or Race: ~~White~~
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Late Daniel

7. DATE OF BIRTH (month, day, year): ? 1864

AGE: Years 71 ? | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania
13. NAME: David Horasis
14. BIRTHPLACE (city or town) (State or country): Lithuania
15. MAIDEN NAME: Leah ? —
16. BIRTHPLACE (city or town) (State or country): Lithuania
17. INFORMANT: Son, Reuben Gordon
(Address) 1509 N Payson st
18. BURIAL, CREMATION OR REMOVAL: Date Nov. 3 1935
Place Greenmount Cemetery
19. UNDERTAKER: Sol Levinson & Bro
(Address) 1121 E Balto st
20. FILED 11-3-1935 Hunter's Point Williams & Pier

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/1/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/28/1935 to 11/1/1935
I last saw her alive on 11/1/1935 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic heart disease | 2 yr. |

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp

F 17290

F 17290

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 845 West 36th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hettie W. Long

(a) Residence: No. 845 West 36th Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| emale | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Long

DATE OF BIRTH (month, day, year) Oct. 18, 1865

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | | 14 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Howard County, Md.

13. NAME Greenbury Johnson

14. BIRTHPLACE (city or town) (State or country) Howard County, Md.

15. MAIDEN NAME Virginia Brown

16. BIRTHPLACE (city or town) (State or country) Howard County, Md.

17. INFORMANT William D. Long

(Address) 845 West 36th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov. 4 35

19. UNDERTAKER L. L. Marshall

(Address) 1636 Eutaw Place

DATE 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1935 to Nov 1 1935

I last saw her alive on Nov 1 1935 Death is said to have occurred on the date stated above, at 2:35 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 8 |
| Other contributory causes of importance: Fecal + Pulmonary stenosis | Oct 30 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Broom Dorsey M. D.

(Address) 846 W 36th St Balto

F 17291

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54

1. PLACE OF DEATH Saint Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave. Ward) 29

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Katie Wittmann

(a) Residence: No. 29 S. Culver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wittmann

6. DATE OF BIRTH (month, day, year) April 7th 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 6 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry Vogler

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Edward Wittmann

(Address) Elkridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Nov. 5th 1935

19. UNDERTAKER C. Harlan W. Dill

(Address) 5607 Frederick Ave.

20. FILED 11-3-1935 Hunter for Williams D.R.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-19-1935 to 11-1-1935

I last saw her alive on 10-31-1935. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | |
| Gangrene, lig. toe, L | |
| Bronchopneumonia | |
| Other contributory causes of importance: | |
| Generalized arteriosclerosis | |

Was an operation performed? Yes Date of 10/26/35

For what disease or injury? Gangrene

Name of operation Amputation of Toe Date of 10/26/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. O'Hare M. D.

(Address) St Agnes Hospital

17292

F. 17292

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Elliott St., 1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 53 yrs. ..... mos. ..... ds.

2. FULL NAME Mary S Siemiaski

If U. S. Veteran specify WAR.....

(a) Residence: No. 3013 Elliott St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) Sept 8 1882

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 1 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Wisniewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rosicka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Frances Stuchel daughter

(Address) 3013 Elliott

18. BURIAL, CREMATION, OR REMOVAL

Place N. Hamilton Cem. Date Nov 1004 1935

19. UNDERTAKER Stephen J Frankowski & Co

(Address) 1500 S. Linwood Ave

20. FILED 3-1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis (Probably) | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D. Coroner

(Address) 1005 S. Eliott St.

M. F. B. 17293 F 17293

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Nottingham Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hughes, Jr.

(a) Residence: No. 527 Nottingham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate R. Hughes

6. DATE OF BIRTH (month, day, year) February 24, 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Hughes

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Hughes

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Milton Roberts
(Address) 527 Nottingham Road, Ten Hills

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 5, 1935

19. UNDERTAKER Wm. H. Cook
(Address) 1003 W. Baltimore St.

FILED 4-1935 Huntington Matthews, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to November 2, 1935

I last saw him alive on November 2, 1935. Death is said to have occurred on the date stated above, at 1.50P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 6 hrs ago |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Interstitial Nephritis ? | |

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wetherbee Fort M. D.

(Address) 20 E. Preston St.

17294
3049 39

F 17294

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Sauer

(a) Residence: No. 4710 Ridgecroft Rd Ward. Gardenville Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 10-9-35

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 25 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Bernard Sauer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Marie Geyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov 4 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED Nov 4 1935 Registrar Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1935 to Nov 3 1935
I last saw him alive on Nov 3 1935. Death is said to have occurred on the date stated above, at 4.55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | Birth |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerrold Snyder M. D.

(Address) Johns Hopkins Hosp

F 17295

M. D. F. 1208 M

F 17295

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Charles St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? 67 yrs. 9 mos. 5 ds.

2. FULL NAME Clinton Gerard Morgan

(a) Residence: No. 807-N-Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Emma E. Morgan

7. DATE OF BIRTH (month, day, year) Jan-28-1868

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 67 | 9 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Security New York Life

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co

10. Date deceased last worked at this occupation (month and year) Sept 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Dr. DeWitt C. Morgan

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Hursh-Baetto

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Philip S. Morgan (Son)

(Address) 807-N Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Mount Date Nov-4 1935

19. UNDERTAKER Stewart Monument Company

(Address) 108 Park Ave.

20. FILED 4-1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1935, to Nov 2nd 1935

I last saw him alive on Oct 31st 1935. Death is said to have occurred on the date stated above, at 7.50 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Oct 7th 35 |
| Heart Attack | Nov 2nd 35 |

Other contributory causes of importance:

| | |
|---|---|
| Myocardial Fibrosis | 5 yrs |

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jos. Packard, M. D.

(Address) 17 W. Saint Paul St

H. D. B. 1268-9

F 17296

17296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Bradford St. Ward) 21

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A Barstow,

(a) Residence: No. 1702 Bradford St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

~~Single~~, Married, ~~Widowed~~ or Divorced (write the word): Married

If married, widowed or divorced: HUSBAND of (or) WIFE of: Laura E Barstow

DATE OF BIRTH (month, day, year): June 18 1862

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Banker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Catonsville Md

13. NAME OF FATHER: Chas A Barstow

14. BIRTHPLACE (city or town) (State or country): Catonsville Md

15. MAIDEN NAME OF MOTHER: Sarah Knox

16. BIRTHPLACE (city or town) (State or country): Ellicott City Md

17. INFORMANT: Laura E Barstow
(Address): 1702 Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 11-5 1935

19. UNDERTAKER: Robert Brooks Son
(Address): Calhoun & Pratt Sts

20. FILED 11-5 1935 19... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/3/35

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to Nov 3 1935

I last saw him alive on Oct 2 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/2/35 |
| Paralysis | June 1935 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) Edmund Dunn M. D.

(Address) 1609 West Baltimore

F 17297

17297

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

2-38-82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev Patrick Benedict Doyle, O.S.F.

(a) Residence: No. Springfield, Ky St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W. | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5-1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 6 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edw. Island Canada

13. NAME Francis Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alice Dermody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mount Hope Retreat
(Address) Balto City

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Washington D.C. Date Nov. 4 1935

19. UNDERTAKER Wm J. Tuohey & Sons
(Address) North & Pa

20. FILED 4 - 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to Nov. 2, 1935

I last saw h. alive on Nov. 2, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Exhaustion | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Marked General Arteriosclerosis | 6 Mos |
| Exhibited Symptoms of Senile Dementia | 3 yrs |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Damian P. Alagna M.D.

(Address) 5326 Fordham Ave

F 17298

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17298

## CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 38 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Ruddach

(a) Residence: No. 13 S. Clark St. Balto St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 80 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER'S FATHER'S

13. NAME Washington Ruddach

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Cliffe

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 4 1935

19. UNDERTAKER (Address) Thos. J. Richardson & Son North Avenue

20. FILED NOV 4 - 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to Nov 3, 1935.

I last saw her alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Thrombus | |
| Other contributory causes of importance: | |
| Dementia Precox. | 5 Yrs. |
| Arteriosclerosis. | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 326 Frederick St.

17299 F 17299

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

J 18

1. PLACE OF DEATH Sinai Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 26 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Thomas — If U. S. Veteran specify WAR X

(a) Residence: No. 353 S. Bonsal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 15, 1931

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | 4 mos. | 15 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Stanley Thomas

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Ellen Platt

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Stanley Thomas

(Address) 353 S Bonsal St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov 6 1935

19. UNDERTAKER John Merrick & Sons

(Address) Govans

20. FILED 4-1935 Registrar Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1935 to Nov. 3, 1935

I last saw her alive on Nov. 3, 1935 Death is said to have occurred on the date stated above, at 11:0 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis | 10/1/35 |
| | ooo |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation L.P. Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Kimas, M. D.

(Address) Sinai Hospital

F 17300 F 17300

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 ½ Potomac St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Edward Eck If U. S. Veteran specify WAR no war record

(a) Residence: No. 24 ½ Potomac St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Schriver Eck

7. DATE OF BIRTH (month, day, year) Sept 13-1897

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 1 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jacob Eck

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elizabeth Fletchi

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Lillian Eck

(Address) 24 ½ Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov 4, 1935

19. UNDERTAKER John Leerich

(Address) 200 E Orleans St

20. FILED Nov 4 1935 Harrington Williams, Reg

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2- , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1- , 1935 to Nov. 2- , 1935

I last saw him alive on Nov. 2nd, 1935. Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/1 |
| Other contributory causes of importance: Arterio-Sclerosis | 2 yrs |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Date of

What test confirmed diagnosis? Phys. exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chas. P. Keer M. D.

(Address) 408 W Lafayette Ave Park Ave

17301 F 17301

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Henry Vollands
(a) Residence: No. Chapel St between Eastern & Wilkinson (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month, day, year) Dec 22 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 1 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd jobs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME David Volland

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Martha Voegel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov 4 1935

19. UNDERTAKER John Uelrich
(Address) 2005 Orleans

20. FILED Nov 4 1935 Hunter Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 10/31, 1935
I last saw him alive on 10/31, 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 12 hrs. |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Gabriel A. Reiter, M. D.
(Address) Balto City Hosp

F 17302

M. H. 120

F 17302

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. 4

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 712 W. Lexington St. St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel H. Biarly

(a) Residence: No. 712 W. Lexington St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Biarly

6. DATE OF BIRTH (month, day, year) April 15 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME Jacob Biarly

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Elizabeth Harr

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Elizabeth Biarly

(Address) 712 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Nov. 5, 1935

19. UNDERTAKER John J. Henry

(Address) 716 Light St.

FILED Nov 4, 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M.D.

(Address) 3757 W. Lexington St.

F 17303

F 17303

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Hanover St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Thomas Taylor

(a) Residence: No. 1512 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Taylor

DATE OF BIRTH (month, day, year) Sep. 15 1874

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | 1 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dep't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 Y

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George D. Taylor

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

15. MAIDEN NAME Sarah A. Webb

16. BIRTHPLACE (city or town) (State or country) Chestertown Md.

17. INFORMANT Mary F. Tucker (Sister)

(Address) 2654 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov. 4 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED 4-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 35 to Oct 31 35, 19 35

I last saw him alive on Oct 31 35 Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Contusions of the Stomach | |
| Other contributory causes of importance: | |
| Hypocondria | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St.

F 17304

F 17304

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. 1213 Light St. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis A. Wechsler

(a) Residence: No. 2421 Lakeview Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 2 | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trav. 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Abraham Wechsler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia Heilner

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT (Address) Mrs. B. Buchsbaum 2421 Lakeview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Nov. 4, 1935

19. UNDERTAKER (Address) Harid Sonnheim & Son 1902 Eutaw Place

FILED 4-1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935 to Nov 2, 1935

I last saw him alive on Nov 2, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial degeneration & Myocardial failure | |

Other contributory causes of importance:

| | |
|---|---|
| Bronchial asthma | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James S. Webb, M. D.

(Address) 1213 Light St.

M. 17305 F 17305

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 175

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George E. Woodson

(a) Residence: No. 729 N. Central Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucile Woodson

6. DATE OF BIRTH (month, day, year) April 6, 1901

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 34 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James A. Woodson

14. BIRTHPLACE (city or town) Richmond (State or country) Va.

MOTHER

15. MAIDEN NAME Daisy White

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Daisy Beavers (Address) 410 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov. 4th. 1935

19. UNDERTAKER Burch & Mc Gee & Wright (Address) 218 Mc Cullough St

Huntington Williams Registrar

20. FILED .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest & Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laceration Heart (Right Side) | |
| Laceration External Jugular | |
| Vein and Carotid Artery | |
| | |

Other contributory causes of importance:

Hemorrhage

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury Nov 1, 1935

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In street

Manner of injury Neck cut with a Razor

Nature of injury Laceration Jugular Vein & Carotid Artery

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schaefer M. D.

Coroner

(Address) 1918 E. North ave.

M. D. F 17306 F 17306

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. whole life How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Burns

(a) Residence: No. 1233 Greenmount Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June [illegible] 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 6 9 yrs. | 4 6 mos. | 27 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph F. Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Doheny

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Sarah Gulligan

(Address) 1223 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Nov. 6 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 2242 E. Eager St.

[illegible] Huntington Williams & Co

4-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3 1930

22. I HEREBY CERTIFY, That I attended deceased from October 29 1935 to November 3 1930

I last saw him alive on November 3 1935. Death is said to have occurred on the date stated above, at 7.40 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Enteric ulcerosis | |
| 2. Cerebral angular thrombosis | |
| 3. Bronchial pneumonia (terminal) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Macaulay M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

17307

F 17307

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-82-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Jefferson St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Kelly

(a) Residence: No. 1621 Jefferson St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Kelly

7. DATE OF BIRTH (month, day, year) Sept 10-1897

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 38 | 1 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchland Va

13. NAME of Father Daniel White Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother Francis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Vivian Upshur (Address) 1621 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL. Place Churchland Va Date Nov-5 1935

19. UNDERTAKER Robert J. Williamson (Address) 1515 McElderry St

20. FILED 11-7-1935 Huntington Williamson, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1935 to Nov 1 1935. I last saw h[er] alive on Nov 1 1935. Death is said to have occurred on the date stated above, at 4 05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemiplegia right | Oct 28 1935 |
| Other contributory causes of importance: | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo L. Allen M. D.

(Address) 50 Aisquith St.

F 17308

17308 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Garnett Ellis

(a) Residence: No. 1013 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

6. If married, widowed, or divorced HUSBAND of Louise Ellis

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wife Louise Ellis
(Address) 1013 N. Gay.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Nov 6, 1935

19. UNDERTAKER Wortal & McClain
(Address) 1515 Mc Elderry St

FILED NOV 4 - 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1935, to 11-2, 1935

I last saw him alive on 11-2, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage - | 10-14-35 |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) G. L. Jackson, M. D.
(Address) 601 N. Arlington

F 17309

F 17309

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Spring St., 5 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Flosine Pitts

(a) Residence: No. 204 N. Spring St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Pitts

6. DATE OF BIRTH (month, day, year) 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lucie Hazlett

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

17. INFORMANT Josiah Bowman

(Address) 204 N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov. 4 . 1935

19. UNDERTAKER Robert E Williams

(Address) 1515 McElderry St

20. FILED ... 19 ... Registrar

NOV 4 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1 year |

Other contributory causes of importance:

Pulmonary Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber . M. D.
Coroner

(Address) 1412 E. North Ave.

F 17310 F 17310

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 114-B

1. PLACE OF DEATH Mercy Hospital Registered No.

CITY OF BALTIMORE: (No. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Wadell

(a) Residence: No. (813) 1819 Townsend Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Wadell

7. DATE OF BIRTH (month, day, year) 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 yr. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Allen Wadell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 11-4 1935

19. UNDERTAKER Bernard P. Hemsley

(Address) 818 Druid Hill Ave

FILED 11-4-1935 by Funeral Home, Inc.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1935 to Nov. 2, 1935

I last saw him alive on Nov. 2, 1935 Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Gangrene - Left Lung | |
| Other contributory causes of importance: Bronchopneumonia - right Lung | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton J. Lackey M. D.

(Address) Mercy Hospital

M. D. F. 1268-9

17311 HEALTH DEPARTMENT—CITY OF BALTIMORE 17311

# CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Maldiers St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Moyer

(a) Residence: No. 1037 Maldiers St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George A. Moyer

6. DATE OF BIRTH (month, day, year): Feb 2 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | 9 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Frank Strakfus

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT Mr George A. Moyer

(Address) 1037 Maldiers St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11-6 19 35

19. UNDERTAKER Bernard E Hardy

(Address) 1600 E Pleasant St

GV 4 - 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3rd 19 35

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 19 35 to Nov 3 19 35

I last saw h[illegible] alive on Nov 2 19 35 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9/27/35 |
| Essential Hypertension | 9/26/1935 |

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Chas Lund Davis M. D.

(Address) 132 Mount St

F 17312 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17312

# CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME AGUSTA HAGEDORN

(a) Residence: No. 401 S. CLINTON, St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| FEMALE | WHITE | MARRIED |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHRISTOPHER HAGEDORN

6. DATE OF BIRTH (month, day, year) JUNE 17 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 63 | 4 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John L. Thompson

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Augusta Krieger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr C. HAGEDORN. (Address) 401 S CLINTON

18. BURIAL, CREMATION, OR REMOVAL Place IMMANUEL Date 11/5/35

19. UNDERTAKER L. HEEMANN & SON. (Address) 32 S. BROADWAY

RECEIVED NOV 4 - 1935 Ft Eustis Williamsburg, Va

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1935 to 11-2- 1935

I last saw HER alive on 11-2 1935 Death is said to have occurred on the date stated above, at 7:27 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| HYPERTENSIVE CARDIO-VASCULAR DISEASE | |
| CONGESTIVE HEART FAILURE | |
| BRONCHO PNEUMONIA. | 11-1-35 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L K Woodward Jr. M. D.

(Address) University Hosp.

M. D. P. 1268-9

17313 Joseph C Epp ✓ E 17313

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Bon Secours Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Fayette St., 19 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Joseph Epp Newport

(a) Residence: No. 1118 E. ~~Fayette~~ St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1933

7. AGE: Years 2 yrs; Months 3; Days 20; If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bon Secours Md

13. NAME Alfred M. Epp

14. BIRTHPLACE (city or town) (State or country) Kansas

15. MAIDEN NAME Barbara C. Fike

16. BIRTHPLACE (city or town) (State or country) Bon Secours Md

17. INFORMANT Alfred M. Epp

(Address) 1118 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Cem. Date Nov. 5, 1935

19. UNDERTAKER Harry A. Britton

(Address) 1101 Edmondson Ave

20. FILED NOV 4 - 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28 . 1935 to 11-2 . 1935

I last saw him alive on 11-2 . 1935 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Localized Atelectasis Bronchiectasis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold S. Thornbrough M.D.

(Address) Bon Secours Hospital.

F 17314

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17314

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Westwood Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 7 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew M. Brooks

(a) Residence: No. Fort Royal Virginia St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | Col | Married. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T Brooks

6. DATE OF BIRTH (month, day, year) Oct. 12 1875

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 60 | | 22 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Porter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER FATHER

13. NAME George Brooks.

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mr. Geo. M. Brooks.

(Address) 1634 Westwood Ave. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Royal Va. Date Nov. 4 1935

19. UNDERTAKER Samuel H. Chase Inc.

(Address) 638 N. Gilmor

20. FILED 4-1935 Registrar. Wise

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 — 3 — 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1-, 1935, to 11-3, 1935

I last saw h.. alive on 11-3, 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Bronchial Pneumonia | |
| | |
| | |
| | |

Other contributory causes of importance:

Acute Myocarditis

Acute Nephritis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. B. Butler, M. D.

(Address) 2035 East Hill Terrace

F 17315

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17315

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 E 30th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Charles Bolen

(a) Residence: No. 630 E 30th St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| | | |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov. 5th 1935

19. UNDERTAKER Henry Heck Lee, Inc.
(Address) 130 E Eager St

20. FILED 4-1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ....., 19....

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) .....

7316 ✓ F 17316

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 426 S. Chapel St. St., V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AMELIA BROWN
If U. S. Veteran specify WAR

(a) Residence: No. 426 S. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Brown

6. DATE OF BIRTH (month, day, year) June 1 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 4 | 2 30 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Funk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Brown (Son)
(Address) 426 S. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Nov. 5/35

19. UNDERTAKER Sally & Zentz
(Address) 403 S. Wolfe St.

20. FILED 11-4-1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935, to Oct 31, 1935

I last saw h alive on Oct. 30, 1935 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Insufficiency | |
| Chronic Nephritis | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Andrew Kenawell, M. D.

(Address) 2034 Eastern Ave.

M. D. B 1263-9

F 17317

17317

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+210-M

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Walter Nadolney

(a) Residence: Back River Neck Road St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 8 - 1921

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 14 | 4 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Walter Nadolney

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Marie Noel

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Walter Nadolney

(Address) Middle River Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov. 7 1935

19. UNDERTAKER Thos. B. Connelly

(Address) Essex Md.

20. F 1935 Huntington Williams M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Fracture Skull | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Head Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/31 1935

Where did injury occur? Back River & Holly Neck Roads (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto struck a tree

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Gurley M. D. Coroner

(Address) 5142 Park Ave

Spec.—2-29-28—L. F. S.—500 Bks.

17318 F 17318

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

## CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 Mc Henry ST., 21 WARD)

2—FULL NAME Augustas Rokas "Roika"

(a) RESIDENCE NO. 725 Mc Henry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | married |

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Rokas Roika

DATE OF BIRTH (month, day, and year) 1871

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | — | — | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mr Anthony Brooks

BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Informant Mrs Anna Rokas Roika

(Address) 725 Mc Henry

Filed Nov 4, 1935, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 2, 1935

17

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1935, to Nov. 2, 1935

that I last saw h[illegible] alive on Oct 31, 1935

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Chronic Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Geo E. Shannon, M. D.

11/3, 1935 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Nov 6, 1935

UNDERTAKER Chas. B. Kuchauskas

ADDRESS 637 S. Paca

M. D. H. 1268-9

✓ F 17319

17319

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Bolton St. 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Clapp Thomas

(a) Residence: No. 1133 Bolton St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of: Late Eugenia C. Thomas

6. DATE OF BIRTH (month, day, year): Dec 11th 1842

7. AGE: Years: 92 | Months: 10 | Days: 22 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none — 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Richard Henry Clapp

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Phebe Clapp

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Elizabeth S. Thomas

(Address) 1133 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 5, 1935

19. UNDERTAKER: Henry Menkins & Co

(Address) Edmondson Ave & Fulton Ave

20. FILED: 1935 Huntington Avenue, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1922 to Nov 3 1935

I last saw him alive on Nov 2 1935 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio-Sclerosis | Gradual |
| Myocarditis | " |
| Senility | " |
| | |
| | |
| | |
| Other contributory causes of importance: Pneumonia Edema | 2-3 days |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. H. Brody, M. D.

(Address) 1403 Park Ave.

M. D. B 1268-9

17320

F 17320

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leonard Carter

(a) Residence: No. York Rd St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie Carter

6. DATE OF BIRTH (month, day, year) May 23 - 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 5 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date decedent last worked at this occupation (month and year) 11/3/35

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Md Baltimore Co

FATHER

13. NAME Leonard Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Clayton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edgar Clayton

(Address) York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place York M E Cemetery Date 11/6 1935

19. UNDERTAKER W. E. Tschudi & Son

(Address) 1711 E. Fayette St

20. FILED 11/6 1935 Huston Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/35 11 A.M. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, and from the evidence thereon and from (Inquest, Autopsy or Inquiry)

obtained by said inquest, find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | 11/3/35 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/3 1935

Where did injury occur? Near road near Timonium (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Was struck while working

Nature of injury Chest, head

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bayley Cole M. D.

(Address) 5142 Park Heights Ave

1935

17321 ✓ F 17321

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2520 Green Mount Ave St., 12 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Brown

(a) Residence: No. 2520 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Nov. 23. 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 11 10 | 11 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jonathan Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Hickey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida A. Whaley

(Address) 2520 GreenMount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemy. Date Nov 5. 1935

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

FILED 4-1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3. 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1. 1935 to Nov. 3 1935.

I last saw her alive on Nov. 2 1935 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Interstitial Nephritis. | 2yrs |
| | 6 yrs. |

Other contributory causes of importance:

age.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert S. Blake M.D.

(Address) Medical Arts Bldg.

M. D. H. 1268-9

Philip Reinhardt ✓ F 17322

7322

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5100 Ardmore Way St., 27 Ward)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Reinhardt

(a) Residence: No. 5100 Ardmore Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Reinhardt

6. DATE OF BIRTH (month, day, year): July 15, 1846

7. AGE: Years 89; Months 3; Days 20 18; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George W. Reinhardt (Son)
(Address): 5100 Ardmore Way

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 11-5 1935

19. UNDERTAKER: Gilbert L. Nicholson
(Address): 1606 N Charles Street

20. FILED 11-5-1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from June ~~1929~~ 1929 to Nov 3 1935

I last saw him alive on Oct 28 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | 1929 |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) JS Hardesty M. D.

(Address) 4810 Belair Rd

M. D. P. 1268-9

F 17323

17323

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)
BALTIMORE. MD.
CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Nagengast

(a) Residence: No. 2207 Mayfield Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write, the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced (or) WIFE of John Nagengast

6. DATE OF BIRTH (month, day, year) June 24, 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 68 | 4 | 8 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 0037
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME John Fifer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Eliza Donnelly
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr John G. Nagengast
(Address) 2207 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Date Nov 5, 1930
Place

19. UNDERTAKER John F. Moan
(Address) 3000 E. Balto St.

20. FILED Nov 5 1930 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2. 1930

22. I HEREBY CERTIFY, That I attended deceased from October 30. 1930 to November 2 1930
I last saw her alive on November 2 1930 Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Cholecystitis & cholelithiasis | |
| 2. Diabetes mellitus | |
| Other contributory causes of importance: | |

Name of operation Cholecystectomy Date of 10-31-30
What test confirmed diagnosis? cfs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Wagenseller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE. MD.

M. D. B 1268-9

17324 ✓ F 17324

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home and Infirmary — Registered No. 6 + 72-a

CITY OF BALTIMORE: (No. N. Broadway St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Fred Wetzel

(a) Residence: No. Box 215 Sparrows Point St., Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) July 4, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | 3 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill 0146

10. Date deceased last worked at this occupation (month and year) Oct. 7, 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Massillon Ohio

FATHER

13. NAME Conrad Wetzel

14. BIRTHPLACE (city or town) (State or country) Massillon Ohio.

MOTHER

15. MAIDEN NAME Ellen Priest

16. BIRTHPLACE (city or town) (State or country) Massillon Ohio

17. INFORMANT Patient (Address) as above

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeem Date Nov 5, 1935

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1935 to November 1, 1935

I last saw him alive on November 1, 1935 Death is said to have occurred on the date stated above, at 11:23 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myeloid Leukemia | Unknown |
| Other contributory causes of importance: Cerebral Hemorrhage | Nov. 1 '35 |

Name of operation None Date of

What test confirmed diagnosis? Blood smear Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl H. Friehl M. D.

(Address) Church Home and Infirmary

M. D. B 1268-9

✓ F 17325

17325 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Jack St. Brooklyn St. 25 Ward)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry J. Richard.

(a) Residence: No. 304 Jack St. Brooklyn. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelia M. Richard.

6. DATE OF BIRTH (month, day, year) Oct. 1/1853.

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 82 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1014

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S MAIDEN NAME

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germy.

FATHER'S NAME

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Mrs Emma McClean

(Address) 304 Jack St. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Nov 5 1935

19. UNDERTAKER E. Schloman & Son

(Address) 1029 Hanover St

20. FILED Nov 4 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25 1935 to Nov 1 1935

I last saw him alive on Nov 1 1935 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy - | 10/25/35 |
| Other contributory causes of importance | |
| Arterio Sclerosis | Yrs |

Name of operation ... Date of ...

What test confirmed diagnosis Local Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. T. Hawkins M. D.

(Address) 1 E Madison St

✓ F 17326

17326

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34a-79a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Margaret May Collett

(a) Residence: No. 1003 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | S. |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/11/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 0 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME John Collett

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Lucy Porter

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov. 5, 1935

19. UNDERTAKER Martin Jr. E. Dispeal
(Address) 37 S. Ann St.

20. FILED Nov 5 1935 Huntington Williams, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/9, 1935, to 11/3, 1935

I last saw h[illegible] alive on 11/3, 1935. Death is said to have occurred on the date stated above, at 1040p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Syphilis | Life |
| Nephritis | Life |
| Antecedent { Septicemia | 10/24/35 |
| Immediate cause. { Meningitis | 10/2 /35 |

Other contributory causes of importance:
Bullous impetigo.

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? W.R. Blood Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum, Jr. M. D.

(Address) Baltimore City Hospitals

F 17327

17327 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Napieralski

(a) Residence: No. 1659 Dillet St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances.

6. DATE OF BIRTH (month, day, year) Feb 8. 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | 8 | 20 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records Bldg.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov 5, 1935

19. UNDERTAKER J. Sanders Sons Inc

(Address) 1710 East Ft.

20. 1935 Huntington Williams, Wm. Clerk

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1934 to 10/29, 1935

I last saw him alive on 10/29, 1935. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach ? | ? |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert H. Reiter, M. D.

(Address) Balto City Hosp

17328 F 17328

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Mrs. Louise Stroh.

(a) Residence: No. 711 ½ W. Fayette St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Brown

6. DATE OF BIRTH (month, day, year) — 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Aug 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pa Baltimore

MOTHER FATHER

13. NAME Samuel Straw

14. BIRTHPLACE (city or town) (State or country) Md Baltimore

15. MAIDEN NAME Elizabeth Straw

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. Undertaker (Address) Phillips Sterling Sons 2010 Carlander St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 6 1935

19. Signature (Address) Miss Effie Tyson Loudon Park

20. FILED 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 3 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1935 to 11-3 1935

I last saw her alive on 11-3 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, descending colon with abscess in upper left abdomen | 1934 Aug 1935 |

Other contributory causes of importance: None

Was an operation performed? Yes Date of 11-30-35

For what disease or injury? Carcinoma - descending Colon

Name of operation Gastrostomy drainage of abscess Date of 11-30-35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ..... 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Irving Freeman M. D.

(Address) University Hospital Balto Md

M. D. F. 1268-9

✓ F 17329

17329

# HEALTH DEPARTMENT—CITY OF BALTIMORE

161-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Aquila

(a) Residence: No. 131 N. Monastery Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, 12 hrs. or ... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bon Secours Baltimore Md

MOTHER FATHER

13. NAME John Aquila

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Marie Codd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Smith

(Address) 131 N. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 6, 1935

19. UNDERTAKER George A. Farley

(Address) 1801 W. Baltimore St

20. FILED Nov. 6 1935 Huntington Williams, Registrar

# R.I.V

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1935 to Nov. 4, 1935

I last saw him alive on Nov. 4, 1935. Death is said to have occurred on the date stated above, at 4:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Atelectasis | |

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. A. Sedlacek, M. D.

(Address) Bon Secours Hosp.

17330 F 17330

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

+ 50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Gartrell

(a) Residence: No. Catonsville Md St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40 | 8 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canton Pack

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME French Gartrell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Gartrell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maria Gartrell
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Int Carmel Cemetery Date Nov 7, 1935

19. UNDERTAKER Weyer & Son Inc
(Address) Catonsville Md

20. Huntington Williams, M.D. Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-18 1935 to 11-4 1935

I last saw h.cr alive on 11-4 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Broncho Pneumonia | 11/2 |
| Carcinoma Breast & metastases Bone | 1925 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Edward Woodward Jr M. D.
(Address) University Hosp.

17331 F 17331

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Wongo

(a) Residence: No. 1720 Aliceanna st. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wongo

6. DATE OF BIRTH (month, day, year) 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 57 56 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William O'Conner

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Katherine McWilliams

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Nov 6 19 35

19. UNDERTAKER John C. Miller
(Address) 1235 E. Baltimore St

20. [illegible] 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935 to Nov. 3, 1935
I last saw her alive on Nov. 3, 1935 Death is said to have occurred on the date stated above, at 3.25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 2 yrs (?) |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur Kaufman M. D.
(Address) Baltimore City Hospitals

M. D. B. 12559

F 17332

F 17332

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Edgevale Road or Roland Park Ward) 21

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Grieves Robertson Griswold

(a) Residence: No. 210 Edgevale Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced (or) WIFE of Benjamin Howell Griswold

6. DATE OF BIRTH (month, day, year) Sept. 23, 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| ✓ | 86 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Maryland

FATHER

13. NAME Thomas G. Robertson

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Maryland

MOTHER

15. MAIDEN NAME Caroline Paulus

16. BIRTHPLACE (city or town) (State or country) Hagerstown, Maryland

17. INFORMANT Robertson Griswold
(Address) 802 Belvedere Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Rose Hill Cem
Place Hagerstown Date Nov. 5, 1935

19. UNDERTAKER Henry W. Jenkins & Son
(Address) Baltimore, Md.

NOV 5 1935 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept - 30, 1935 to Nov - 4 - 1935
I last saw her alive on Nov - 4, 1935 Death is said to have occurred on the date stated above, at 9-45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subarachnoid Hemorrhage | Sept 30. 35 |
| Repeated hemorrhages during October 1935 - with Convulsions | |
| Oct - 13 - 1935 | |
| Other contributory causes of importance: | |
| 2 Essential Hypertension | 1921 |
| Cerebral Hemorrhage Left Hemiplegia | 2/3/31 |
| Senile arteriosclerosis | |

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Roland Ave

M. D. B. 1268-3

17333

F 17333

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-95B

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Eg. Wright

If U. S. Veteran specify WAR

(a) Residence: No. 2201 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frances R. Wright

6. DATE OF BIRTH (month, day, year): Feb. 10 1904

7. AGE: Years 27 | Months 9 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Head Reeler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month, and year): 12 1934

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

FATHER

13. NAME: Eugene Wright

14. BIRTHPLACE (city or town) (State or country): Cumberland Md.

MOTHER

15. MAIDEN NAME: Carol A. Ward

16. BIRTHPLACE (city or town) (State or country): Cumberland Md.

17. INFORMANT: Frances R. Wright Wife

(Address) 2201 Gough

18. BURIAL, CREMATION, OR REMOVAL: Undertaker

Place: Meadow Brandywine Date: Nov. 5 1935

19. UNDERTAKER: Stephen J. Fialkowski

(Address) 1010 E. Fairmount Ave

20. FILED: 11-5-1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 2 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Novocain Intoxication

Date of onset

Other contributory causes of importance:

Failure to respond to Respiratory Center

Was an operation performed? Yes Date of Nov. 2 1935

For what disease or injury? Carcinoma of Stomach and Liver

Name of operation Exploratory Date of Nov. 2/35

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner M. D.

(Address) 1215 Hanover St.

7334

F 17334

# HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

## CERTIFICATE OF DEATH

1. PLACE OF DEATH 2864 Mayfield Ave. Registered No.

CITY OF BALTIMORE: (No. 2864 St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Rattman If U. S. Veteran specify WAR

(a) Residence: No. 2864 Mayfield St. Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | W. | M. |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of John Rattman

6. DATE OF BIRTH (month, day, year) Oct. 13. 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Bahlman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Walter Pacy

(Address) 202 E. University Pkwy

18. BURIAL, CREMATION, OR REMOVAL May

Place Holy Cross Cem. Date 11/6 19 35

19. UNDERTAKER John J. Dabney & Sons

(Address) 1318 Eight St.

20. FILED 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 19 35

22. I HEREBY CERTIFY, That I attended deceased from September 10 19 35 to Oct 3 19 35

I last saw h[illegible] alive on Oct 3 19 35 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Asthma - Nephritis, Cystitis & Pyocandites | over |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Thennich M. D.

(Address) 1337 S. Charles St.

17335 F 17335

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Covington St. 2d Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Fredericka E. Montgomery

(a) Residence: No. 1605 Covington St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Life

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married, Widowed,~~ or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

6a. If ~~married, widowed or~~ divorced (or) WIFE of Paul Montgomery

6. DATE OF BIRTH (month, day, year) Sept 1st 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Elmer C. Schroeder

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura M. Conner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Laura M. Schroeder Masonic Home - Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 6th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 5 - 1935 19 Huntington Maryland Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933 to Nov. 4 1935

I last saw her alive on Nov. 4 1935 Death is said to have occurred on the date stated above, at 12½ a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 11/10/33 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Asthenia | 10 days |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elmer McCurdy M. D.

(Address) 400 N Payson St

F 17336

F 17336

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 E. North Ave 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME James E. Tormey

(a) Residence: No. 2233 E. North Ave, Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Adelaide L. Tormey

6. DATE OF BIRTH (month, day, year) Mar 14th 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 56 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Estimator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hochschild Kohn Co

10. Date deceased last worked at this occupation (month and year) May 3rd 1935

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME James E. Tormey

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Mason

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Adelaide L. Tormey

(Address) 2233 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/7 1935

19. UNDERTAKER Wm Ervin Sons & Co

(Address) 1217 E. Pratt St

Registrar. Huntington Williams, MD

NOV 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 1935 to November 3 1935

I last saw him alive on November 3 1935. Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Cerebral Arteriosclerosis

Arterial Hypertension

Date of onset March 1934

Other contributory causes of importance:

Apoplexy 1 day

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

17337 E 17337

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 15 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Coppage

(a) Residence: No. 1904 Braddish Ave St., Ward. No Record

(Usual place of abode) 22 yrs (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William G Coppage

7. DATE OF BIRTH (month, day, year): 4-22-1886

8. AGE: Years 49; Months 6; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Wm Golt

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Glanville

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodland Pk Date: 11/5 1935

19. UNDERTAKER: William Cook

(Address) 1217 5th Ave Huntington West Virginia

NOV 5 - 1935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1935 to 11-3 1935

I last saw her alive on 11-3 1935 Death is said to have occurred on the date stated above, at 5:05 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Intestinal Obstruction due to Adhesions | 10-26-35 |
| Other contributory causes of importance: Post operative Psychosis | 10-31-35 |

Was an operation performed? Yes Date of 10-30-35

For what disease or injury? Intestinal Obstruction

Name of operation: Release of Adhesions Date of 10-30-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

M. D. B. 1268-9

F 17338

# 17338 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 N. Bentalou St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert P. Peake

(a) Residence: No. 1001 N. Bentalou St., ..... Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie V. Peake

6. DATE OF BIRTH (month, day, year) July 13, 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Wm. H. Peake

14. BIRTHPLACE (city or town) (State or country) West River, Md.

15. MAIDEN NAME Jennie Van Treise

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Maurice E. Peake

(Address) 769 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL Hillsview Cem. Date 11/6, 1935

19. UNDERTAKER William Cook

(Address) 217 St. Paul Street

11-5-1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1934 to Nov. 1, 1935

I last saw him alive on Nov. 1, 1935. Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 9/13/34 |

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

F 17339 F 17339

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Lawson

(a) Residence: No. 1439 Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Lawson

6. DATE OF BIRTH (month, day, year) May 8 - 1883.

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 52 | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Virginia

FATHER

13. NAME Samuel Friend

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cornelia Jeter

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Laurel Cem. Date 11/6/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

Funeral Director Williams, N.C.

22. FILED NOV 6 - 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Nov. 3, 1935

I last saw her alive on Nov 3, 1935 Death is said to have occurred on the date stated above, at 9:45 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | [illegible] |
| Myocardial insufficiency and failure | Aug 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals.

F 17340

F 17340 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-a

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2874 Mayfield Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Emma Virginia Wilson

(a) Residence: No. 2874 Mayfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guy H. Wilson

6. DATE OF BIRTH (month, day, year) Mar. 10, 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| ✓ | 49 | 7 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME William H. Sweeting

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Clara E. Stallings

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Guy H. Wilson 2874 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 6, 1935

19. UNDERTAKER (Address) Rita Wiedefeld 914 Greenmount Ave Huntington Williams

21. FILED . 19 Registrar.

6 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1935, to Nov 3, 1935

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Edema | Oct 31 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Acute Myocarditis | Aug 17 ab 2 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

N.P. (Signed) Alan B. Lemmon M. D.

(Address) 718 N. Patterson Park Ave

F 17341

F 17341

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-8

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Streeper St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Sobus

If U. S. Veteran specify WAR .....

(a) Residence: No. 615 S. Streeper St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sobus

6b. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 64 | Months — | Days — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER FATHER

13. NAME: Stanley Sobus

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Emma Pinkas

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mary Sobus

(Address) 615 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 7 1935

19. UNDERTAKER: Fred W. Orzechowski

(Address) 1930 Eastern Ave

Huntingtown Williams, Md

5-1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1934 to Nov. 3 1935

I last saw h... alive on Nov. 3 1935 Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | Oct. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ✓ Doug E. Wilson M. D.

(Address) 3 W. Biddle St. Balto.

M. D. B 1268-9

F 17342

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17342

## CERTIFICATE OF DEATH

✓ 125-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary St., ..... Ward)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. James Conlon

(a) Residence: No. 417 E. 28th St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Conlon

6. DATE OF BIRTH (month, day, year) April 20, 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| ✓ 51 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawrence Conlon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Landrer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Mary Conlon (Sister)

(Address) 4172 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Nov 6th 1935

19. UNDERTAKER Mary M. Muddell

(Address) 701 E. 22nd St. Huntington Williams, Md.

20. FILED ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1935 to November 4, 1935

I last saw him alive on November 4, 1935 Death is said to have occurred on the date stated above, at 6 34 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Hepatitis | Oct 10, 1935 |

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Inf.

F 17343 F 17343

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Baltimore Md. St., 16 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR
2. FULL NAME Charles E. Biden
(a) Residence: No. 2114 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

5a. If married, widowed, or divorced ~~HUSBAND~~ of ~~(or WIFE of)~~

6. DATE OF BIRTH (month, day, year) Oct. 21, 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | | 2 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Express
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME James Biden
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER
15. MAIDEN NAME Agnes Smith
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date Nov 6 1935

19. UNDERTAKER Roland L. Terkler
(Address) 612 N. Monroe St.
Huntington Williams Mc

20. FILED 5-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1935 to 11-3 1935
I last saw him alive on 11-3 1935. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 10-17-35 |
| Pyelonephritis | " |
| Cystitis | ? |
| Prostatism | 1934 |
| Other contributory causes of importance: | Nov |

Was an operation performed? Yes Date of 10-15-35
For what disease or injury? Prostatism
Name of operation Supra-pubic prostatectomy Date of 10/15/35
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Meyer Harry Jerome M. D.
(Address) Univ. Hosp.

F 17344

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17344

## CERTIFICATE OF DEATH

✓ 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Betty Ambers

(a) Residence: No. 1624 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Ambers

6. DATE OF BIRTH (month, day, year) 3-27-1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 7 | 9 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wm Mitchell

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lou Bagnore

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/5 1935

19. UNDERTAKER Lemmon & Gisel & Son

(Address) 288 N. Gilmor

Huntington Williams Registrar

11-5-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1935 to Nov. 2nd 1935

I last saw her alive on Nov. 2nd 1935 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Cervix | ? |
| | |
| | |
| | |
| Other contributory causes of importance: Secondary Anemia | 6 mos. |
| Arteriosclerosis | ? |

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

F 17345

F 17345

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. [illegible] Ward) 14

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Peyton Monroe

(a) Residence: No. 1604 Argyle Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth.

6. DATE OF BIRTH (month, day, year) 9/17/73.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | 1 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wilbert

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bur't.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Cem't. Date Nov. 7th 1935

19. UNDERTAKER Thos. J. Wilson

(Address) 1200 Bank MD

FILED NOV 7 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1934 to 11/3, 1935

I last saw him alive on 11/3, 1935 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate with metastases | |
| Pyloric obstruction | |
| Other contributory causes of importance: | |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24a. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. le Sueur M. D.

(Address) City Hospitals

F 17346

17346 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. No. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Brojek

(a) Residence: No. 3446 Boston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/3/60.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 75 | 6 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Ignatius

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, of Md Date Nov 5 1935

19. UNDERTAKER
(Address)

20. Filed 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/35

22. I HEREBY CERTIFY, That I attended deceased from 10/27/35 to 10/1/35

I last saw him alive on 11/1/35 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | ? |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Ritter M. D.

(Address) Balto City Hosp.

17347

F 17347

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alberta Cook

(a) Residence: No. 600 Block Hubbard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | M |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Munlo Lawson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 5 1935

19. UNDERTAKER

(Address)

5 Nov 1935 Registrar.

1833 6 WPA

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1/1932 to 10/30/1935

I last saw her alive on 10/30/1935 Death is said to have occurred on the date stated above, at 1 15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | |
| Arteriosclerosis | ? |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

17348 F 17348

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Johnson

(a) Residence: No. 602 N. Carey St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Negro | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-5-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hillard Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ada Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 6 1935

19. UNDERTAKER [illegible]

(Address)

6 Nov 1935 Huntington Williams

1835

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1935, to 11-1 1935

I last saw h[illegible] alive on 11-1 1935 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 10-5-35 |
| Diarrhea | 10-27-35 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R B Jones, M. D.

(Address) Baltimore City Hospitals

17349 ✓ F 17349

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Boy Bell

(a) Residence: No. Balto. City Hospitals, 907 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Single |

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-28-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, O hrs. or 1 min. |
|---|---|---|---|---|
| | | | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ida Bell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date Nov 5 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.
-1935 Huntington Williams, MD
1954 MH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1935 to 10-28, 1935
I last saw him alive on 10-28, 1935 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 10-28-35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of ...
For what disease or injury? none
Name of operation none Date of ...
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Frank Wilson M. D.
(Address) Balto. City Hospitals

Spec.—1-10-21—M&T—1500 Bks.

17350 F 17350

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1024 E. Monument ST., 10 WARD)

2-FULL NAME Susie Virginia Reed

(a) RESIDENCE NO. 1024 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE B

5 Single, Married, Widowed, or Divorced. (strike out the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard J. Reed.

6 DATE OF BIRTH (month, day, and year) Aug 1865

7 AGE: Years 71 Months 3 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Jane E. Richardson

(Address) 1024 E. Monument St

15 Filed 5-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/5 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to 11/5, 1935.

that I last saw her alive on 11/4, 1935,

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows: Paralysis Diabetes

(Duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(Duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry F. Carroll M. D.

11/5, 1935 (Address) 1 Deplaine Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Nov 8 1935

20 UNDERTAKER Mrs Robert A. Elliott

ADDRESS 1129 Gardner

F 17351

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

Registered No. F 17351

1. PLACE OF DEATH 2524 West Baltimore St. 20 St., Ward)

CITY OF BALTIMORE: (No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marian E. Burch If U. S. Veteran specify WAR .....

(a) Residence: No. 2524 W. Baltimore St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married |

5a. If married, widowed, or divorced (or) WIFE of William R. Burch.

6. DATE OF BIRTH (month, day, year) Nov. 10, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 11 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Alfred Wells

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Jane Wreaford

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT William R. Burch (Address) 2524 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Fairview Cem Date 11/6 35

19. UNDERTAKER Tyler & Tayloe (Address) Fulton & Fayette

20. FILED ..... 19 ..... Registrar.

NOV 5 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 -35 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull & Intra Cranial Hemorrhage | Sudden Nov 3 35 |
| also Extra Cranial hemorrhage | |

Other contributory causes of importance: ~~Autopsy for 10 days~~

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Nov 3, 1935

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fell down Stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

Spec.–7-17-26—A Co.—200 Bks.

17352

F 17352

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Albert Steele

(a) RESIDENCE NO. Arundel Hotel Chas & Mt. Royal St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1883

| 7 AGE | Years | Months | Days | IF LESS than 1 day ...hrs. or ...min.. |
|---|---|---|---|---|
| | 52 | 1 | 22 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gents' Furn. Store

(b) General nature of industry, business, or establishment in which employed (or employer) Prop.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Louis Steele

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Brandt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mr. Irving Steele

(Address) Royal Court Apts.

15 Filed 5-1935, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935, to Nov 4, 1935, that I last saw him alive on Nov 4, 1935, and that death occurred, on the date stated above, at 12:10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Arteriosclerosis

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? B.P. - Auscultation

(Signed) I. Clayton Beck, M. D.

Nov 4, 1935 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oheb Shalom Cem. Date of Burial 11/6/1935

20 UNDERTAKER David Sondheim & Son ADDRESS 1902 Eutaw Place

very important. See instructions on back of certificates.

M. D. F. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17353

17353

## CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Gel Hospital St. 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Verdella Chairs

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) 25 (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7-1860

7. AGE: Years 75 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co Md

13. NAME OF FATHER Edward Chairs

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md.

15. MAIDEN NAME OF MOTHER Margaret Elliott

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Int Ct Date 11/6 '35

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Comminuted of Right Femur | |
| Hypostatic Pneumonia | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 24, 1935
Where did injury occur? in M E Home Parkwood
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in M E Home patients apt
Manner of injury Slipped & fell on floor
Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C Nam, M. D.
Coroner
(Address) 1215 Hanover St

F 17354

17354 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 816 Fairley St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Taschbach
(a) Residence: No. 816 Fairley St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Widow |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Taschbach

6. DATE OF BIRTH (month, day, year) Oct. 185-9

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | - 1 | - | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) Germany ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Gill
(Address) 604 S. Grundy St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov 6 1935

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Wayne St

Filed NOV 5 1935 Registered

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Nov. 4 1935
I last saw h[illegible] alive on Nov. 3 1935. Death is said to have occurred on the date stated above, at 12 30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis & Hypertension | 1 yr. |
| Cerebral Hemorrhage | 10 days |
| Terminal Pneumonia | 1 |

Other contributory causes of importance

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm J. Schmidt M. D.
(Address) 6016 Eastern Ave

M. D. B 1268-9

17355

✓ F 17355

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Bank St., 2 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry F. Kinnerker

(a) Residence: No. 1827 Bank St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C.

6. DATE OF BIRTH (month, day, year) Nov 15 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 1874

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly Storekeeper

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Nettie Egan

(Address) 1827 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov. 6 1935

19. UNDERTAKER Lilly & Sullivan

(Address) 703 Gilmor

5-1935 Washington Williams, Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said injury (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary embolism | |

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Bethel Ave. Corner

F 17356

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17356

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, 12th St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W. W.

2. FULL NAME Louis P. McWhirk

(a) Residence: No. Church & Pope Sts., Brooklyn, Md. St., Ward. County

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Cobb McWhirk

6. DATE OF BIRTH (month, day, year) May 17, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 42 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical & Color Co.

10. Date deceased last worked at this occupation (month and year) 10 mos. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Maryland

FATHER

13. NAME James McWhirk

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER

15. MAIDEN NAME Anna Dubcise

16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Va Date 11 07 1935

19. UNDERTAKER Robert Brooks Edson (Address) Calhoun & Hollingsworth Sts Huntington Williams, M.D.

20. [illegible] 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1935, to November 4, 1935

I last saw him alive on November 4, 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma, rectum with generalized metastasis | Jan. '35 |
| Other contributory causes of importance: Septicemia, carcinomatous | 9-10-35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Lowrey M. D.

(Address) U.S. Marine Hospital, Baltimore

M. D. B. 1268-9

17357 ✓ F 17357

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Thomas

(a) Residence: No. 807 N. Calhoun St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..7.. hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna Wallace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov 5 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-35 19

22. I HEREBY CERTIFY, That I attended deceased from 10-29-35, 19 to 10-29-35, 19

I last saw him alive on 10-29-35 19 Death is said to have occurred on the date stated above, at 9 00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Whitridge Jr M. D.

(Address) Johns Hopkins Hospital

1836

M. D. B 1268-9

F 17358

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17358

## CERTIFICATE OF DEATH

X121

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hos St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Loretta Belluscci

(a) Residence: No. Hampstead - Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar. 17 1923

7. AGE: Years 12 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Frank N. Belluscci

14. BIRTHPLACE (city or town) (State or country): Italy.

15. MAIDEN NAME: Mary Matrangola

16. BIRTHPLACE (city or town) (State or country): Italy.

17. INFORMANT: Frank N. Belluscci
(Address): Hampstead. Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Westminster Md Date: Nov 7, 1935

19. UNDERTAKER: Edw. Tipton
(Address): Hampstead Md

Huntington Washington, D.C.

FILED 11-5-1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | |

Other contributory causes of importance:

Name of operation: Appendectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) 2737 W. North

M. D. B. 1268-9

F 17359

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17359

## CERTIFICATE OF DEATH

122-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Pen. Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell Morton

(a) Residence: No. 1954 Forrest St., ..... Ward. Frostburg Md

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Charlotte Smith

6. DATE OF BIRTH (month, day, year) 9-11-1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 40 | 1 | 24 | 25 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liver driver 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Midland, Md

FATHER

13. NAME Gavin W. Morton

14. BIRTHPLACE (city or town) (State or country) Lonaconing, Md

MOTHER

15. MAIDEN NAME Hester M. Winters

16. BIRTHPLACE (city or town) (State or country) Paris Mountain Allegheny Co. Md

17. INFORMANT Deceased Father (Address) Midland, Md

18. BURIAL, CREMATION, OR REMOVAL Place Frostburg, Md Date Nov 7, 1935

19. UNDERTAKER J. H. Jackson & Sons (Address) Huntington, W. Va

5 Nov 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1935, to 11-5, 1935

I last saw him alive on 11-5, 1935. Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Post operative pneumonia from

Other contributory causes of importance: left thoracoplasty on October 27th 1935

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John F. Aubrey, M. D.

(Address) 1954 Forrest St

M. D. B. 1268-9

17360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 17360

## CERTIFICATE OF DEATH

X 13 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3554 Poole St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Noah A. Edmondson

(a) Residence: No. near Finksburg, Md. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861-4-14.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spooner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.

FATHER

13. NAME John H. Edmondson

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.

MOTHER

15. MAIDEN NAME Eliza Smith.

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.

17. INFORMANT Mrs. Martha E. Waltz.
(Address) 3554 Poole St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Deer Park Cemetery Date Nov. 7 1935

19. UNDERTAKER C. M. Waltz
(Address) Mansfield, Md.

20. 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1935 to Nov 4th, 1935
I last saw him alive on Nov 4th, 1935. Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pulmonary Congestion | Nov 26th 1935 |
| Arteriosclerosis | Nov |

Other contributory causes of importance:

Arteriosclerosis for years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) L. Frank Hiller M. D.

(Address) Reisterstown Md

F 17361

17361

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH — Maryland General Hospital — 16 — Registered No.

CITY OF BALTIMORE: (No. ..... St., ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph F. Roberts (Joseph F. Roberts) — If U. S. Veteran specify WAR .....

(a) Residence: No. 811 N Monroe St., ..... Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anne R. Roberts

6. DATE OF BIRTH (month, day, year) Aug 15, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ship Builder & Post Office Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier 1009

10. Date deceased last worked at this occupation (month and year) August 1922

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Sydney Gibson Sears Lathy Sears

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov. 6 1935

19. UNDERTAKER Lord & Cook

(Address) 1005 E. Baltimore St.

20. FILED 5-1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1935 to 11-4 1935

I last saw h.m alive on 11-4 1935. Death is said to have occurred on the date stated above, at 6:10 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chronic Myocarditis | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocardial failure | |
| with Pulmonary edema. | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

17362 E 17362

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 E. Fayette St. St., ..... Ward) 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary V. Woppman

(a) Residence: No. 2438 E. Fayette St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Woppman

6. DATE OF BIRTH (month, day, year) Nov. 9-1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 11 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 002

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Noah Gill

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary V. Black

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Christian Woppman

(Address) 2438 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 7 1936

19. UNDERTAKER Wm. C. Miller & Son

(Address) 2334 Eastern Ave.

Filed Nov 5 - 1936 Washington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4-36

I HEREBY CERTIFY, That I attended deceased from Oct 25 1936 to Nov 4 1936

I last saw him alive on Oct 25 1936 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Cerebro-Vascular Disease | |
| Hypertension | 3 yrs |
| | |

Other contributory causes of importance:

Acute cardiac dilatation 1 day

Was an operation performed? No Date .....

For what disease or injury .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Reed Rowe M. D.

(Address) 800 Mathilda St.

17363

F 17363

305887

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy Gregory

(a) Residence: No. 1525 Myrtle ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-3-13

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 21 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Simon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Pearl

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Point Va Date Nov 6- 1935

19. UNDERTAKER Mrs Geo. L. Holland

(Address) Hampton, Virginia

20. FILED ..... Registrar.

6-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 . 1935 to Nov 5 . 1935

I last saw her alive on Nov 5 . 1935. Death is said to have occurred on the date stated above, at 6 14 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 10/31/35 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John R Grossman . M. D.

(Address) The Johns Hopkins Hospital.

F 17364

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 17364

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found in water) (Falls St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME George Dennis London
(a) Residence: No. 2 Eutaw Bridge Apt "Katherine" St., ... Ward. Westorea Somerset Co Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| about 64 | — | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waterman 1086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coasting sailer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westorea Somerset Co. Md.

FATHER
13. NAME George Henry London
14. BIRTHPLACE (city or town) (State or country) Fairmount Somerset Co Md.

MOTHER
15. MAIDEN NAME Sophronia A. Reeves
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Marion L. Muir
(Address) 1838 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov.-6- 1935

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED 19 ... Registrar.
NOV 6 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ... Date of ...
Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide: Probably accident Date of injury Nov 4 1935
Where did injury occur? Found in water Fort Falls Co. Balto (Specify county, city or town, State)
Specify whether injury occurred in industry, home, or public place
Manner of injury Probably Fell off boat or boarding boat
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. W. Wright M. D.
(Address) 1010 S. Eutaw St. Balto.

F 17365 F 17365

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes' Hospital Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton aves) 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Baby Boy Taylor If U. S. Veteran specify WAR

(a) Residence: No. 3852 Falls Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or 20 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Adrian Taylor

14. BIRTHPLACE (city or town) (State or country) New York N. Y.

MOTHER

15. MAIDEN NAME Catherine Gallagher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Taylor

(Address) 3852 Falls Rd.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Burial

Place Hospital Grounds Date Nov. 2 1935

19. UNDERTAKER

(Address)

20. FILED NOV 6 - 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 30 1935 to ..19..

I last saw h.. alive on Oct. 30, 1935 Death is said to have occurred on the date stated above, at 6 15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B Clark M. D.

(Address) St Agnes Hospital

17366

F 17366

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Lambson

If U. S. Veteran specify WAR

(a) Residence: No. 1613 Laurens st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Lambson

6. DATE OF BIRTH (month, day, year) March 8, 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 7 | 24 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Horsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estelle Bailey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospita. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary. Date 11/6/35 19

19. UNDERTAKER McHugh & Jackson

(Address) 916 Penna Ave. (MH6)

20. FILED 19 Registrar

6 - 1935 Thurston Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935, to Nov. 3, 1935

I last saw her alive on Nov. 3, 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Oct. 1934 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kanfer, M. D.

(Address) Baltimore City Hospitals

F 17367 F 17367

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH South Baltimore Hospital

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Nellie Shinkle

(a) Residence: No. 1131 S. Hanover St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Shinkle.

6. DATE OF BIRTH (month, day, year) June 15/1886.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | 4 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT John C. Shinkle Jr.

(Address) 1131 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov 6th, 1935

19. UNDERTAKER E. Schloman & Son

(Address) 1039 Hanover St

20. FILED ..... 19 ..... Registrar.

NOV 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1935, to November 3, 1935

I last saw her alive on November 3, 1935. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral broncho-pneumonia | 1/30 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) William D. Wolfe, M. D.

(Address) South Balt. Gen. Hosp.

M. D. B 1268-9

F 17368

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17368

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Hanover St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME John C. Shinkle.

(a) Residence: No. 1131 Hanover St. St., ---- Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ---- hrs. or ---- min. |
|---|---|---|---|---|
| | 30 | ---- | ---- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, MD.

MOTHER FATHER

13. NAME John Shinkle.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Nellie E. Fetzer.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Charles N. Mowrey.
(Address) Lawrence, Indiana.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov 6 1935

19. UNDERTAKER E. Schumann & Son
(Address) 1039 Hanover st

LED - 1935 ... 11/5/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ----, 19---- to ----, 19----

I last saw h---- alive on ----, 19---- Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |
| Acute dilatation of the heart. | |
| | |
| | |

Other contributory causes of importance:

Name of operation No. Date of ----

What test confirmed diagnosis? inquiry Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ---- Date of injury ---- 19----

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles st.

F 17369

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17369

## CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Dalton.

(a) Residence: No. 1808 N. Milton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) abt 1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| abt 78 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freeman & Lee

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Eliz. ?

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov 6/35

19. UNDERTAKER Stewart & Mowen Company
(Address) 108-10 North Avenue

FILED NOV 6 - 1935 Funeral to Williams, No. 1114

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/20 1935 to 11/2 1935

I last saw h live on 11/2 1935 Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 2 days |
| Hypertensive heart disease | 6 mos. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert G. Reitz M. D.

(Address) Balto City Hosp.

F 17370

Reg. No. F 17870

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4314 Kathland Avenue St., 28 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 58 yrs. 5 mos. 12 ds.

If U. S. Veteran specify WAR Spanish-Amer.

2. FULL NAME Hadley Fairfield Brown

(a) Residence: No. 4314 Kathland Avenue St., 28 Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Brown

6. DATE OF BIRTH (month, day, year) May-23-1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 5 | 12 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Drydock Co.

10. Date deceased last worked at this occupation (month and year) Nov/2.35

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Patton Maine

FATHER

13. NAME Charles R. Brown

14. BIRTHPLACE (city or town) (State or country) Patton Maine

MOTHER

15. MAIDEN NAME Clara Belle Palmer

16. BIRTHPLACE (city or town) (State or country) Patton Maine

17. INFORMANT (Address) Mrs. Hadley F. Brown (wife) 4314 Kathland Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Nov/6/35. 19

19. UNDERTAKER (Address) Stewart & Mowen Company 108 W. North Avenue

20. FILED [illegible] 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3-4 am

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

| Date of onset |
|---|
| |

Other contributory causes of importance: Complaining of heart condition

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 12 Eutaw

F 17371

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17371

## CERTIFICATE OF DEATH

98

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John J. McKenna

(a) Residence: No. 304 Augusta Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laverne E. McKenna

6. DATE OF BIRTH (month, day, year) Oct 9 1906

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 29 | 0 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine McKay

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Laverne E. McKenna
(Address) 304 S Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11-9th 1935

19. UNDERTAKER Bernard C Harker
(Address) 1000 S Rose St.

20. FILED 6-1935 19 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1935 to 11/6 1935

that I last saw him alive on Nov. 6th 1935. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis & gangrene of perianal tissue and scrotum | 10/25/35 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Contusion of perineum | 10/28/35 |

Was an operation performed? yes Date of 11/5/35

For what disease or injury? Cellulitis of perianal area

Name of operation Incision & drainage Date of 11/5/35

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel P Robinson M. D.

(Address) Mercy Hosp

M. D. B. 1266-9

22821 E

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17372

F 17372

## CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2010 Madison Ave St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy Harris

(a) Residence: No. 2010 Madison Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Harris

6. DATE OF BIRTH (month, day, year) April 16, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 6 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Charles Co

17. INFORMANT Margaret Williams
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St Peters Date Nov 7 1935

19. UNDERTAKER Thomas Tilley & Son
(Address) 600 N Eutaw St

FILED 6 NOV 1935, 19 Thomas Williams, Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935 to Nov. 3, 1935
last saw her alive on Nov. 3, 1935 Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Central Hemorrhage | Oct. 29 |
| | |
| | |
| | |
| Other contributory causes of importance: None. | |
| | |
| | |
| | |

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Quinn M. D.

(Address) 1507 N. Fulton Ave

M. D. B 1265-9

F 17373

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17373

## CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 N. Fauront Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Fried

If U. S. Veteran specify WAR

(a) Residence: No. 2501 N. Fauront St., Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Fried

(Address) 2501 N. Fauront ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11-6-35, 19

19. UNDERTAKER Geo. Louis Lore

(Address) 1939 E. Baltimore St

20. FILED , 19 Huntington Williams Registrar.

6-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Virginia Lectoris | 11-6-35 |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson ave

F 17374

F 17374

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton Park St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred R/c yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Zimmerer

(a) Residence: No. 1 Hatch Ave. St., Ward. Parkville Md.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 38 | 7 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George Zimmerer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Hendelman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Jesse Zimmerer
(Address) Hatch Ave - Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL Cem.
Place Most Holy Redeemer Date Nov. 7-1935

19. UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED 6-1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound of brain. | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 5, 1935

Where did injury occur? Clifton Park - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Pistol shot (self inflicted)

Nature of injury Bullet wound of brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1914 E. North Ave.

F 17375

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17375 ✓ 82-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Druid Hill Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret V. Calloway

(a) Residence: No. 1311 Druid Hill Av. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles H. Calloway

6. DATE OF BIRTH (month, day, year) Dec. 7, 1935 ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 10 | 29 ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME P. Albert Cross

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Polly A. D. Tinsley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ethel C. Bevans (daughter)
(Address) 1311 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Nov. 7th 1935

19. UNDERTAKER John H. Johnson
(Address) 1700 Druid Hill Ave

20. FILED ..... 19 ..... Huntington Williams, Registrar.

6 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1935 to Nov. 4 1935

I last saw her alive on Nov. 4 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct. 18. 1935 |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) P. Garland Cabaniss M. D.
(Address) 1534 - Druid Hill Ave

F 17376

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17376 ✓ 23

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Naomi ~~Noami~~ Peeples

(a) Residence: No. 613 N. Pulaski st. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 19 | 11 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0087

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Paul Peeples

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Eliz. Ridgley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Nov 7, 1935

19. UNDERTAKER Chenoweth Bros.
(Address) 3615-17 Harford Ave Huntington Williams, Mgr

11-6, 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1935, to Nov. 4, 1935

I last saw her alive on Nov. 4, 1935. Death is said to have occurred on the date stated above, at 9.25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | April 1935 |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlsin, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1263-A

F 17377

F 17377

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Huntingdon Ave St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Benton Willis

(a) Residence: No. 2908 Huntington Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna R. Willis

6. DATE OF BIRTH (month, day, year) Oct 19, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 208

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Edwin G. Willis

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Elizabeth Garland

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Edna R. Willis

(Address) 2908 Huntingdon

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Nov 8, 1935

19. UNDERTAKER Chenowith Sons

(Address) 3615-17 Gwynn Oak Ave.

20. FILED NOV 8 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-35

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1935, to 11-6, 1935

I last saw him alive on 11-6, 1935 Death is said to have occurred on the date stated above, at 9.17 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Bladder (Surg) | 4-6-35 |
| Other contributory causes of importance: | |
| Myocardial Insufficiency | 11-4-35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) David Miller M. D.

(Address) 1500 W Baltimore

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

17878 ✓ F 17878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

164-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2765 Tivoly Ave. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LOUIS A. ZELLER.

(a) Residence: No. 2765 Tivoly Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1st. 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 2 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.&M. Steamship Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph A. Zeller.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Jane O'Neill

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret Zeller

(Address) 2765 Tivoly Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Nov. 7. 35

19. UNDERTAKER Chas. H. Traud & Son

(Address) 118 W. Mt Royal Ave

FILED 8-1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4th. 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning (Illuminating Gas) | |
| Suicide due to temporary insanity | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 7. 1935

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Suicide - Illuminating Gas

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1916 North Ave

F 17379

17379

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Stassa George

(a) Residence: No. 521 Newkirk St., Ward.

(Usual place of abode) 18 (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND (or) WIFE of George

6. DATE OF BIRTH (month, day, year) May 5 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 5 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Panagiotis Semahopolius

14. BIRTHPLACE (city or town) (State or country) Turkey

MOTHER

15. MAIDEN NAME Angelia

16. BIRTHPLACE (city or town) (State or country) Turkey

17. INFORMANT J Francis Reese

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/6 1935

19. UNDERTAKER J. Francis Reese

(Address) Westminster Maryland

Huntington Williams, Inc.

6-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1935 to Nov. 3, 1935

I last saw her alive on Nov 3, 1935 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary with diffuse metastases to liver, spleen, adrenals and lungs and lymph nodes

Date of onset Sept. 8, 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Belgorod M. D.

(Address) Sinai Hospital

F 17380

17380 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Av St. 16 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Mary Mc Gale

(a) Residence: No. 47 S. Poppleton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late James McGale

6. DATE OF BIRTH (month, day, year) Dec 20, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 10 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Gordon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs J. J. Schwenke

(Address) 2213 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/8/ 1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 W. Lafayette St

Funeral for Williams St

Registrar.

6-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/ 1935

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1935 to November 5, 1935

I last saw h.e.r. alive on November 5, 1935. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus — Date of onset .....
Arteriosclerosis, C.V. Disease
Bronchopneumonia

Other contributory causes of importance:

Chronic Bronchitis
Emaciation

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B Mayer M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

F 17381

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23 F 17381

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4318 Wilkshire St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank G. Troch

(a) Residence: No. 4318 Wilshire Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Troch

6. DATE OF BIRTH (month, day, year): Nov. 19, 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 44 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mailman P.O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Joseph Troch

14. BIRTHPLACE (city or town) (State or country): Cuenca-Spain

MOTHER

15. MAIDEN NAME: Marie Fojdecny

16. BIRTHPLACE (city or town) (State or country): Cuenca Spain

17. INFORMANT: Mary Troch

(Address) 4318 Wilshire Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Rodeener Date Nov. 8, 1935

19. UNDERTAKER: Frank G. Troch & Son

(Address) 190 Ashland Ave

NOV 6 1935 Huntington Williamsburg

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1935 to Nov. 5, 1935

I last saw h[illegible] alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓ 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Poteracny M. D.

(Address) 2280 E Madison St

M. D. B 1268-9

Coroner Sakeuker E North Ave

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17382 × 46 F 17382

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life — mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Blanche L. Lehmyre

(a) Residence: No. Goff Station a. a. Co. Md St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John E. Lehmyre

6. DATE OF BIRTH (month, day, year) 1885 — Oct 22

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 50 | — | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry P. Chambers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Katherine P. Nagle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John E. Lehmyre

(Address) Waterberry Md.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/8/35 19..

19. UNDERTAKER Williams Corey

(Address) 1717 St Paul St

20. FILED ... 19.. ... Registrar

U 1885

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 . 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ruptured [redacted] Carcinoma of large intestine. | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Peritonitis (General) | |

Name of operation Appendectomy with drainage Date of 11/4/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Chambers, M. D.

Coroner

(Address) 1919 E. North ave

Boleslaw ✓ F 17383

17383

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

45-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Boleslaw Witkowski

(a) Residence: No. 1015 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Witkowski

6. DATE OF BIRTH (month, day, year) March 19-1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 7 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Frank Witkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rosie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cem
Place St. Stanislaus Date Nov. 7 1935

19. UNDERTAKER Stephen J. Fralowski Inc.
(Address) 1002 N. Linwood Ave

20. FILED 11-7-1935 Huntington Williams, Registrar NPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1935 to 11-4 1935

I last saw him alive on 11-4 1935 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Lip c Metastasis to neck | ? |

Other contributory causes of importance:

Was an operation performed? Yes Date of 1934

For what disease or injury? Ca of Lip

Name of operation Excision Portion of Lip Date of 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

F 17384

# F 17384 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eugene Sullivan.

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/7/1868.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 67 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Denning

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Sweeny

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/6 '35

19. UNDERTAKER J. J. Foley Son & Co
(Address) 1518 Light St

FILED NOV 6 - 1935, 19 Huntington Wilkinson, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1935 to 11/4, 1935

I last saw him alive on 11/4, 1935 Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver, Primary | 1933(?) |
| Hydronephrosis, | 1933 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical & Pathological Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) A. A. de Lamlette. M. D.
(Address) Baltimore City Hospitals

M. D. B 1268-9

F 17385

17385

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Edward Wagner If U. S. Veteran specify WAR .....

(a) Residence: No. 2692 St. Benedict St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 14, 1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 9 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME August Wagner

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Poole

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. August J. Wagner (Address) 501 Hilton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Nov. 7 1935

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED NOV 6 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Toxaemia | |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/4/35

For what disease or injury?

Name of operation Cesarotomy Date of 11/4/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/4, 1935

Where did injury occur? 3400 Block N Paca St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Was Struck by automobile while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Luther Gardner Cuta M. D. Coroner

(Address) 5142 Park Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Wright 1610 St Ellwood

F 17386

17386

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 71 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia C. Hess

If U. S. Veteran specify WAR .....

(a) Residence: No. 1342 Glyndon St., ..... Ward. .....

(Usual place of abode) Life (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George H Hess

6. DATE OF BIRTH (month, day, year): Nov 30-1894

7. AGE: Years: 40 | Months: 11 | Days: 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year): Aug 1935

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Louis East

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Classen

16. BIRTHPLACE (city or town) (State or country): Wash. D.C.

17. INFORMANT: George H. Hess

(Address) 1342 Glyndon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 11/9, 1935

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

6-1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Uterine fibroids | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: secondary anemia from hemorrhages

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.

Coroner

(Address) 1610 E. Ellwood Ave.

DESCRIPTION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

17387 ✓ F 17387

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1502 Cliftview St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Erdman
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1502 Cliftview St., ..... Ward.
(Usual place of abode) (Tyc) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A Erdman

6. DATE OF BIRTH (month, day, year) March 6th 187[illegible]

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander Melburn Co

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 6 Years

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David C. Erdman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eliza J Rusk

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary A Erdman
(Address) 1502 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/7 35

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul Street

20. FILED 6 NOV 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/22/35, 19..., to 11/5/35, 19...
I last saw him alive on 11/4/35, 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cer. Nephritis 10/27/35
Uremia

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Ernest Lewis M.D.
(Address) 1711 E. North Ave.

F 17388

F 17388

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Buchenauer

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 16, 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 82 | 9 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Klier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Furmont

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home

(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 7, 1935

19. UNDERTAKER Wm. H. Koob

(Address) 1005 W. Baltimore St.

20. FILED 11-7-1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Nov 5 th, 1935.

I last saw her alive on Nov 4 th, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart beginning | 2 Mo |
| asthenia Senilis | over |
| | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Estella Herring M. D.

(Address) 2000 Hollins St.

M. & B. F 17389

F 17389

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N Bentalou St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabelle Soper

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1029 N. Bentalou St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Elmer E. Soper

6. DATE OF BIRTH (month, day, year) July 5th 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 4 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Armstrong

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Adeline Lauderman

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs Lillian Haschert
(Address) 1029 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 11-8 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St. Balto. Md

20. FILED NOV 7 1935 Director of Public Health

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-5 8 P.M. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 5 P.M. |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Kam, M. D.
Coroner

(Address) 1644 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17390

17390

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4718 Greenmount Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William A. Otto. No Record

(a) Residence: No. 4718 Greenmount Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Mary E. Otto.

6. DATE OF BIRTH (month, day, year) May 19, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 68 | 5 | 17 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Otto.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Rohfling.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary E. Otto. (wife)

(Address) 4718 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date Nov 8th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Laceration of the brain. | |
| Pistol shot wound of right temple | |
| Suicide. | |

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/5/35 19...

Where did injury occur? 4718 Greenmount Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Pistol shot wound.

Nature of injury Laceration of brain.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

11/5/35 (Address) 1017 E. Charles St.

F 17391

F 17391

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4100 Liberty Heights St., and 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Rothstein

(a) Residence: No. 4100 Liberty Heights ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6. DATE OF BIRTH (month, day, year) 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Anna Franklin

(Address) 4100 Liberty Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Tfiloh Date Nov. 7 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 427 E Balto st

20. FILED NOV 7 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1935, to Nov 6 1935

I last saw h— alive on Nov 6 1935. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| a Uremia Endocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Chronic nephritis

Chronic Diabetes Mellitus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Uremia + + + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

F 17392

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17392

## CERTIFICATE OF DEATH

+V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. Emanuel Fox

If U. S. Veteran specify WAR

(a) Residence: No. Colonial Beach, Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dena

6. DATE OF BIRTH (month, day, year) Jan 22 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 39 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harris Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Sussman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dena Fox

(Address) Colonial Beach Va

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Berring Assn Date Nov. 7. 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED 19 Director [illegible]

11-7-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1935, to 11-6, 1935

I last saw h[illegible] alive on 11-6, 1935. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute appendicitis<br>Ruptured appendix<br>Generalized peritonitis | 10 days |
| Other contributory causes of importance: Terminal bronchopneumonia | 1-2 days |

Was an operation performed? Yes Date of 10-29-35

For what disease or injury? Appendicitis

Name of operation Appendectomy & drainage Date of 10-29

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Saul R. Spear M. D.

(Address) Sinai Hospital

F 17393

3038

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mariam Omenn

(a) Residence: No. 1521 E Baltimore St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward

6. DATE OF BIRTH (month, day, year) Nov 20 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 11 | 17 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mender Gordam

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Elfenbaum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem. Date Nov 7, 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St.

20. FILED ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935 to Nov 6, 1935

I last saw her alive on Nov 6, 1935 Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hodgkins Disease | 9 mos. 1931 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edw B Grossman, M. D.

(Address) The Johns Hopkins Hospital

F 17394

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17394

## CERTIFICATE OF DEATH

✓ 342-107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., ? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Georgeanna Hill.

(a) Residence: No. 384 Dillon St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 ? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Blake

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11-8 1935

19. UNDERTAKER Wm. Geo. H. Holland
(Address) 1651 Druid Hill Ave

Huntington Williams
Registrar.

17 NOV 1935

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/19, 1935 to 11/3, 1935

I last saw her alive on 11/3, 1935. Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

| | Duration |
|---|---|
| Bronchopneumonia | Twlv. |
| Arteriosclerosis | ? |
| | |
| Other contributory causes of importance: | over |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Robert A Reiter M. D.

(Address) Balto City Hosp.

F 17395

F 17395

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 168

Registered No.

1. PLACE OF DEATH 626 George St.

CITY OF BALTIMORE: (No. ) St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clifton Gibson

(a) Residence: No. 626 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mal. | Col. | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Harrison Gibson

14. BIRTHPLACE (city or town) Talbot Co
(State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Cockerauth

16. BIRTHPLACE (city or town) Hillsboro Co
(State or country) Va

17. INFORMANT Theodore Gibson

(Address) 626 Wright ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/7 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston st.

20. FILED NOV 7 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide | |
| Cut throat with | |
| Razor, | |

Other contributory causes of importance: Mentally Deranged

Was an operation performed? no Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis Inspection Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 11/4 1935

Where did injury occur? Baltimore md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. M. D. Coroner

(Address) 1 W Lexington

OCCUPATION is very important. See instructions on back of certificate.

F 17396

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Baker St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Grant, Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1621 Baker St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rosa Grant

6. DATE OF BIRTH (month, day, year) March 12 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 7 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Grant, Jr

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lane (Unknown)

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Rosa Grant

(Address) 621 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Cross Hill S.C. Date 11/9/35

19. UNDERTAKER Thomas E. Kelson

(Address) 1363 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

CW 7 - 1935 Huntington Alliance, W. Va.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said I find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above. 12 15 pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility, Cutting throat with Knife | |

Other contributory causes of importance: Temporary derangement mentality

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 5 1935

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Harry Coroner, M. D.

(Address) 1216 Hanover

F 17397

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17397

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 W. Pratt St. Ward) 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Gallion

(a) Residence: No. 2127 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Stella E. Gallion

6. DATE OF BIRTH (month, day, year) Sept. 18-1857

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Gallion

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland

MOTHER

15. MAIDEN NAME Ellen Kroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Stella E. Gallion

(Address) 2127 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 7, 1935

19. UNDERTAKER P. B. Tyser & Son

(Address) 1303 Eutaw Place

20. FILED Nov 7 1935 Huntington Pittsburgh Registrar

6

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1935, to 11-7, 1935

I last saw he alive on 11-4, 1935 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic interstitial nephritis | 1935 |
| | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Bronchopneumonia | Oct. 25 |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Schreiber, M. D.

(Address) 54 S. Fulton Ave.

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

F 17398

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH 2306 Frederick Ave

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Eichert

If U. S. Veteran specify WAR .....

(a) Residence: No. 2306 Frederick Ave St., ..... Ward. —

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower Divorced |

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 29-1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown (Eichner)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dora Gradeyss

(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 7 35 19

19. UNDERTAKER J. B. Tolbert & Son

(Address) 2 E Eutaw Place

20. FILED NOV 7 1935 19 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

Found dead Nov 6-1935

21. DATE OF DEATH (month, day, year) Same as above 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Sclerosis | |
| Myocarditis | |

Other contributory causes of importance: Cerebral attacks, one year

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. PLACE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

Form 1 D 1 (Rev. 1935)

F 17399 F 17399

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Kimble

If U. S. Veteran specify WAR

(a) Residence: No. 2815 Eastern St., Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Kimble

6. DATE OF BIRTH (month, day, year) Aug 17 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 years | 2 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) March 1-1935

11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

FATHER

13. NAME William P. Murphy

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT James Kimble Husband

(Address) 2815 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place W L Cand Date Jan 8 19 35

19. UNDERTAKER John Leeds

(Address) 2105 E Balto

20. FILED 1-7-1935 Hunter Funeral Home Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-35 19

22. I HEREBY CERTIFY, That I attended deceased from 10-24 35 to 11-5 35

I last saw her alive on 11-5 19 35 Death is said to have occurred on the date stated above, at 10 05 m AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic cholecystitis | |
| Retroperitoneal lymphosarcoma | |
| Other contributory causes of importance: | |
| | 11-4-35 |

Was an operation performed? Yes Date of 11-4-35

For what disease or injury Chronic Cholecystitis

Name of operation Cholecystotomy Date of 11-4-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Bargaby M. D.

(Address) Mary Land Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17400

F 17400

## CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur G. Turner.

(a) RESIDENCE NO. 1817 Greenberry Rd. Mt. Washington Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Mrs. Arthur G. Turner

6 DATE OF BIRTH (month, day, and year): Oct. 12, 1886

7 AGE: Years 49 Months Days 25 24

IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Banker. 0086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Mr. Turner

11 BIRTHPLACE OF FATHER (City or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Miss Rosalind Flynn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant (Address) Mrs. Mrs. Arthur G. Turner 1817 Greenberry Rd Mt. Washington Md.

Filed NOV 7 - 1935, 19

Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-6 1935

17 I HEREBY CERTIFY, That I attended deceased from 11-1, 1935, to 11-6, 1935, that I last saw h.. alive on 11-6, 1935, and that death occurred, on the date stated above, at 9 14 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia
Pneumococcic Septicaemia

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood Culture

(Signed) Donald H. Lee, M. D.

11-6 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem'

Date of Burial: 11-8 19

20 UNDERTAKER: Harry W. Jenkins Son Co

ADDRESS: Richard & Eutaw Richard & Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 25011

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17401 ✓ F 17401

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 522 Burgundy St. 22 Ward)

Length of residence in city or town where death occurred 61 yrs. + mos. + ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorin Scott

(a) Residence: No. 522 Burgundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Col | Single. |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 61 | + | + | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solvent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper
10. Date deceased last worked at this occupation (month and year) Aug - 35 — 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Seymour Jones
(Address) 522 Burgundy

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 7, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 222 N. Schroeder Ste.

20. FILED 1935 Stanislaus Williams M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1935 to 11/4, 1935
I last saw h. alive on 11/4, 1935. death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma | |
| Endocarditis | Coma |
| & Myocarditis | 1 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm Swanson, M. D.
(Address) 122 E. ...

M. D. B. 1268-9

F 17402

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17402

## CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Franklin St. 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jno. H. Colbert

(a) Residence: No. 902 Franklin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22, 1895

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 40 | 1 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Alabama

FATHER

13. NAME Jerrald Colbert

14. BIRTHPLACE (city or town) (State or country) Decatur Alabama

MOTHER

15. MAIDEN NAME Victoria Jefferson

16. BIRTHPLACE (city or town) (State or country) Elkton Kentucky

17. INFORMANT Minnie Buchanan

(Address) 428 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hopkinsville Kentucky Date Nov 8, 1935

19. UNDERTAKER Mrs Kate R. Williams

(Address) 1222 Edmondson Ave

20. FILED NOV 7 - 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935 to Nov. 3 1935

I last saw him alive on Nov 3, 1935 Death is said to have occurred on the date stated above, at 9.20 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer Stomach | |
| Other contributory causes of importance: — | |

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Marvin E. Wagner M. D.

(Address) 627 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

F 17403

F 17403

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 51-C

20

1. PLACE OF DEATH Son Secours Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Timothy Barrett S.J.

(a) Residence: No. Woodstock College St. Woodstock Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 23 July 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 73 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 0068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. College

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

17. INFORMANT Woodstock College Record
(Address) Woodstock, Maryland

18. BURIAL, CREMATION, OR REMOVAL Woodstock Md Date 11-8 1935

19. UNDERTAKER Bernard C. Harlow
(Address) 1000 E Baca St

20. FILED 7 1935 Huntington Williams Co. Inc.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1935 to 11-6 1935.

I last saw him alive on 11-6 1935. Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CA - Carcinoma of Prostate Gland with Metastasis to St. Thigh | ? |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J. Shanahan M.D.

(Address) Son Secours Hospital

M. D. H. 126 Rev. F 17404

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17404

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH South Baltimore Gen Hosp — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Length of residence in city or town where death occurred 5-yrs ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nathaniel Thomas

(a) Residence: No. 110 N West Street St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widowed |

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of DK.

6. DATE OF BIRTH (month, day, year) 1853?

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Bertha Custer
(Address) 111 N West St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/9/35

19. UNDERTAKER Bernard O Hensley
(Address) 518 Hund Mill Ave

20. FILED NOV 7 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Pelvis | |
| " left wrist & Elbow | |
| probable fracture skull | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide?) Accident Date of injury 11/1 1935

Where did injury occur? Hanover St Bridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How did injury occur? Struck by Automobile, Hanover Bridge

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) Bernard O Hensley M. D.

(Address) 542 Cathedral St

F 17405

17405

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

18

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ..... X

2. FULL NAME James Patterson

(a) Residence: No. 921 N. Gilmore St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 27 | 11 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaac Patterson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Daisy Pennington

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Grandmother

(Address) 921 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/7 35

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsave

20. FILED ..... 19 ..... Registrar

NOV 7 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1935 to Nov. 6, 1935

I last saw h[illegible] alive on Nov. 6, 1935 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | Nov 1 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

AACo. 5-11 2500

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17406

## CERTIFICATE OF DEATH

82-wF 17406

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Midwood Ave. St. 27 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Thomas Southerington Sr

(a) Residence: No. 5007 Midwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes L. Southerington

6. DATE OF BIRTH (month, day, year) Oct. 17, 1852

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 83 — | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corn 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lincolnshire, England
(State or country)

FATHER

13. NAME Henry T. Southerington

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Mrs. A. L. Southerington
(Address) 5007 Midwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Placed Lorraine Cemetery Date Nov. 8- 1935.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Stanger St. Huntington Williams, N.Y.

20. FILED 19 Registrar.

V 7-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1935, to November 5, 1935

I last saw her alive on November 4, 1935 death is said to have occurred on the date stated above, at 8.30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | Oct. 12, 1935 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Arteriosclerosis | ? ? |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Pfingstag M.D.
(Address) 401 East 25th Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Entries in OCCUPATION is very important. See instructions on back of certificate.

F 17407

F 17407 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Henry Sehrt

(a) Residence: No. 2401 Mayfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Sehrt

6. DATE OF BIRTH (month, day, year) Feb. 28/1856

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 79 | 8 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Baltasar Sehrt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth — —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Chas. G. Sehrt

(Address) 2401 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Nov 6 '35

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Edmondson Ave

FILED Nov 7 1935 19 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/21 1935 to 11/5 1935

I last saw him alive on 11/5 1935 Death is said to have occurred on the date stated above, at 4:20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia | 10/31/35 |
| Benign Prostatic Hypertrophy | 10/21/35 |
| Acute Retention | |

Other contributory causes of importance:

Diabetes Mellitus

Chronic Myocarditis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed William Raffel M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 17408

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17408

## CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Mae Hall

(a) Residence: No. Edmondale City Md St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/14

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 21 | 2 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - N-9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) 11/35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Rufus N Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elsie Barth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rufus N. Hall
(Address) Edmondale City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie View Date Nov 10 1935

19. UNDERTAKER F C Regan & Sons
(Address) Edmondale City

Filed ..... 19 ..... Registrar.

V 7 - 1935

Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Rib | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd Date of injury 11-7 , 1935

Where did injury occur? Edmondale Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Automobile turned over

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 542 Park Ave

17409 F 17409

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SINAI HOSPITAL St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Fishbein

If U. S. Veteran specify WAR

(a) Residence: No. 2122 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bluma Fishbein

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 Yr

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yale Fishbein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bluma Fishbein (Address) 2122 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL Place Reisterstown Date 11-7- 35

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Balto St

20. FILED 11-7-1935 Huntington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 7, 1935

I last saw him alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Anemia — | — |
| Arteriosclerosis, | — |
| Chronic Myocarditis | — |
| Pernicious Anemia | — |
| Other contributory causes of importance: | |
| Chronic Nephritis | — |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J B Gross M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

17410 F 17410

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 East 27th St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles F. Orem

(a) Residence: No. 411 East 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Single)

6. DATE OF BIRTH (month, day, year) September 14, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 1 | 7 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uvilla, West Virginia

FATHER

13. NAME Thomas E. Orem

14. BIRTHPLACE (city or town) (State or country) London County Maryland

MOTHER

15. MAIDEN NAME Barbara Hoffmaster

16. BIRTHPLACE (city or town) (State or country) Bedford, Pa.

17. INFORMANT (Address) Walter W. Orem 411 East 27th Street

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 11/9/35

19. UNDERTAKER (Address) William Cook 1217 St Paul St

Huntington Williams M.D. Registrar.

7-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1935 to November 6, 1935

I last saw him alive on November 6, 1935 Death is said to have occurred on the date stated above, at 1:45 A. M.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset Nov. 6, 1935

Other contributory causes of importance:

Chronic Interstitial Nephritis — ? ? ?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Gorsuch M.D.

(Address) 401 East 25th Street

OCCUPATION is very important. See instructions on back of certificate.

F 17411 ✓ F 17411

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ..... Ward) 14 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Green

(a) Residence: No. 1726 Division St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 1872

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Solomon Green

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillie Saunders

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Lillie B. Brown
(Address) 1726 Division St

18. BURIAL, CREMATION, OR REMOVAL Place Lanegston Va Date 11-10 1935

19. UNDERTAKER Geo T. A. Gibson
(Address) 1737 Druid Hill Ave

20. [illegible] Washington Funeral Home Inc.

7-1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1935 to Nov. 5, 1935

I last saw h. alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-Renal Disease | 3 mos |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Bruce Shaw Higgins, M. D.

(Address) 2243 Madison ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

17412

F 17412

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Banks

If U. S. Veteran specify WAR .....

(a) Residence: No. 838 Edmonson St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Colored | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

7. DATE OF BIRTH (month, day, year) Feb 26 1904

| 8. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 8 | 9 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. genl housework

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Marshall Hall

14. BIRTHPLACE (city or town) (State or country) McGill Maryland

MOTHER

15. MAIDEN NAME Mammie Smith

16. BIRTHPLACE (city or town) (State or country) Toronto Canada

17. INFORMANT Mrs. Mammie Hall (mother)

(Address) 838 Edmonson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Gilboa Cemetery Date Nov 7th 1935

Funeral Co.

19. UNDERTAKER Edelstein & Goodlis

(Address) 1401 Eutaw St.

20. FILED Nov 7 1935 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pelvic abscess | |
| fecal fistula | |
| | over |
| Other contributory causes of importance: | |
| abortion (spontaneous) | Jan 1935 |

Was an operation performed? yes Date of Oct 19 '35

For what disease or injury? Pelvic Abscess

Name of operation Laparotomy - drainage Date of Oct 1935

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. M. Wright, M. D. Coroner

(Address) 1010 E. Eclaw Ave

OCCUPATION is very important. See instructions on back of certificate.

NOV 7 1935

M. D. B. 1268-9

F 17413

17413

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Maryland Ave 13 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Agnes L. Lee

(a) Residence: No. 1540 Maryland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Wht | Widow |

5a. If married, widowed, or divorced (or) WIFE of Jno. Lee

6. DATE OF BIRTH (month, day, year) Oct 28 69

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 0 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Philip Bartlett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary L. Murray

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Pearl Lee
(Address) 1540 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Burial
Place London Park Cem Date 11 8 1935

19. UNDERTAKER George J. Smith
(Address) 1908 Eutaw Place

20. FILED 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Nov. 5 1935

I last saw h[illegible] alive on Nov. 5 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

1 Mal of bladder Abdm — Date of onset Nov 5/35

Other contributory causes of importance:

Cardiac nephritis — 3 mo.
2 Brain hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E A Smith M. D.

(Address) 1605 N. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

1 - 1935

M. D. B. 1268-9

F 17414

# F 17414 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 27 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert E. King

(a) Residence: No. 2508 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. King

6. DATE OF BIRTH (month, day, year) Dec 8, 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B.R.C. 0029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME King

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rolandy King

(Address) 2508 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 11/9 1935

19. UNDERTAKER Leonard A. Bruck

(Address) 305 Hanover St.

20. FILED 11-7-1935 Registrar. R.R.H

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6 1935

22. I HEREBY CERTIFY, That I attended deceased from October 19 1935 to November 6 1935

I last saw him alive on November 6 1935 Death is said to have occurred on the date stated above, at 6 25 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Chronic myocarditis | |
| 3. Chronic nephritis | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17415 F 17415

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Dahl

(a) Residence: No. 3922 Fait Avenue St., Balto Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 27, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 0 | 0 | 11 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dahl

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mabel Carpenter

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records, Balto City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Nov 8 35
Date

19. UNDERTAKER August Rauch Jr
(Address) 2516 E Oldham

20. FILED 1935 Huntington Williams, M.D.
7-1935 RPN

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935 to Nov 6, 1935

I last saw him alive on Nov 6, 1935. Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital atresia, small intestine | 1 yr |
| Septicemia - | 11/4/35 |
| Meningitis. | 11/6/35 |
| Enteritis - | 11/4/35 |

Other contributory causes of importance:

Was an operation performed? Yes. Date of 10/27/35 & 10/29/35

For what disease or injury? Congenital atresia small intestine.

Name of operation ① Enteroenterostomy ② Jejunostomy ③ 10/27/35 ④ 10/29/35

What test confirmed diagnosis? Operation, Blood culture. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving Rosenbaum, Jr. M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 17416

F 30534 F 30516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 53c

Registered No. 1

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward) 7

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha MacLaren

(a) Residence: No. 204 4th St St., ..... Ward. Warren Pa
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene

6. DATE OF BIRTH (month, day, year): 3-24-04

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 31 | 7 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Hugh Siggers

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Grace Todd

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Warren, Pa. Date 11/7/35

19. UNDERTAKER (Address): John C. Mitchell Sons 1900 Eutaw Pl.

20. FILED 11-7 1935 Wilson T. Williams, M.D. Registrar.

0004

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935, to Nov 7, 1935

I last saw her alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, malignant | 1932 |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 10/25/35

For what disease or injury?

Name of operation Rt. Craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) Johns Hopkins Hosp

F 17417

F 17417

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4121 Falls Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Piddington.

(a) Residence: No. 4121 Falls Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Piddington

6. DATE OF BIRTH (month, day, year) Jan 21, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 9 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

FATHER

13. NAME Thomas Newman.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Wm. J. Piddington

(Address) 4121 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Govans Date Nov 8, 1935

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Chestnut Ave.

20. FILED 7 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935 to Nov 6, 1935

I last saw her alive on Nov 6, 1935 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| myocarditis | not known |
| Other contributory causes of importance: Pulmonary Edema | 18 hrs. |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris, M. D.

(Address) 107 East west st.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1188-9

F 17418

# 17418 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 178a Registered No. ____

CITY OF BALTIMORE: (No. ____ St., ____ Ward) 15 (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds. U. S. Veteran Specify WAR ____

2. FULL NAME Edward Kramer

(a) Residence: No. 2135 Oakland ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Sept 18 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|
| 68 | | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point Shipbuilding Co

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Kramer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Kramer
(Address) 2135 Oakland ave

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Nov 9 1935

19. UNDERTAKER Clemens & Son
(Address) 3615-17 Chestnut Ave

20. FILED ____ 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH D

21. DATE OF DEATH (month, day, year) March 7, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest / thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ____ find that said deceased came (Inquest, Autopsy or Inquiry)
to ____ death on the day stated above. 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Illuminating Gas Poisoning | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Pneumonia Confluent

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis: Clinically, or was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury March 7, 1935

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell against stove and burned self

Nature of injury Burning of body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) ____ M. D.
Coroner

(Address) 212 Holliday

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 1956

Filed Mar 9 1935 Sun Baltimore Evening Sun

M. D. B 1268-9

✓ F 17419

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17419

820

1. PLACE OF DEATH St Agnes Hospital

Registered No. 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Stenvedel

(a) Residence: No. 212 Harrison St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Stenvedel

6. DATE OF BIRTH (month, day, year) September 23-1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 1 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Dailey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christian Carl

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frederick Stenvedel

(Address) 212 Harrison St.

18. BURIAL, CREMATION, REMOVAL

Place London Park Date Nov. 8 1935

19. UNDERTAKER George L. Schwatka

(Address) 2101 Eutaw Pl.

20. Filed ..... 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 - 35 - 4 P.M. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 17420

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

163

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doris Madeline Wilkes

(a) Residence: No. 1121 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1917

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Solomons Island (State or country) Md.

FATHER

13. NAME Andrew Mathews Wilkes

14. BIRTHPLACE (city or town) Solomons Island (State or country) Md.

MOTHER

15. MAIDEN NAME Ida May Abbott

16. BIRTHPLACE (city or town) Solomons Island (State or country) Md.

17. INFORMANT Andrew Mathews Wilkes

(Address) Solomons Island Md.

18. BURIAL, CREMATION, OR REMOVAL

Howard Cem Cabaret Co Date 11/8, 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED Huntington Williams Registrar

11-7-1935 & Affd

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bichloride of Mercury Poisoning due temporary insanity | |

Other contributory causes of importance: Acute Nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 28, 1935

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed tablets Bichloride of Mercury

Nature of injury Bichloride of Mercury Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1912 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 17421

F 17421

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53 E

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1712 Guilford Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Ann Kirby
(a) Residence: No. 1712 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Kirby

6. DATE OF BIRTH (month, day, year) Aug. 23-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME James B. Elliott
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Mary E. Howe
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT James M. Kirby
(Address) 1712 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 11 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-23 1935 to Nov. 7 1935
I last saw h.r alive on Nov. 7 1935 Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Glomerular Nephritis | |
| Entero-Colitis | 10/27/35 |
| Hemorrhage from Stomach | 11/7/35 |

Other contributory causes of importance:
Large Epithelioma over Sacrum believed to have started 8 or 9 years ago.

Was an operation performed? No Date of
For what disease or injury? —
Name of operation Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.
(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

CB-1935 H E Fox Milling Co

F 17422

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Granting (GRAULING) If U. S. Veteran specify WAR. (None)

(a) Residence: No. 709½ S. Robinson St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mary E. Grauling

6. DATE OF BIRTH (month, day, year) 1/26/63

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 72 | 9 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam H&L Co

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Son
(Address) 709½ S. Robinson

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11/9 '35

19. UNDERTAKER William Cook
(Address) 1207 St Paul St

20. FILED 11/8 1935 Hunter Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/5 1935 to 11/6 1935

I last saw him alive on 11/6 1935 Death is said to have occurred on the date stated above, at 2.45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 5 days |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Make CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

F 17423

F 17423

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hpt. St., 7 (Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace E. Pomarius
If U. S. Veteran specify WAR. None

(a) Residence: No. 709 Belgian Ave St., ... Ward.
(Usual place of abode) (20 years) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry H Pomarius

6. DATE OF BIRTH (month, day, year): June 8th 1877

7. AGE: Years 58 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): None
11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): New York City

FATHER
13. NAME: John H Mann
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Emma Thompson
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Harry H Pomarius 709 Belgian Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cemetery Date: Nov 11 1935

19. UNDERTAKER: Williams & Boyle
(Address) 1217 St Paul Street

20. FILED ... Herrington Williams

OV 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Apoplexy | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schenthen, M. D. Coroner
(Address) 1914 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17421 ✓ F 17424

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Madison Ave St., 18th Ward)

Length of residence (in city or town where death occurred) 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Bowers

(a) Residence: No. 1821 Madison Ave St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1929

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 5 | 8 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Bowers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ruby Pearson

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mother

(Address) 1821 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date 11/8 1935

19. UNDERTAKER Archibald C. Hankins

(Address) 2151 W. Baltimore St.

20. FILED NOV 8 1935 R.C. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/35

22. I HEREBY CERTIFY, That I attended deceased from 10/30/35 to 11/6/35

I last saw him alive on 11/5/35. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia (Primary) | 10/30/35 |
| Other contributory causes of importance: | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, state how .....

(Signed) J. H. Hartman M. D.

(Address) 912 N. Gilmor St.

OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B 1268-9

F 17425

# F 17425 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles S. Murphy

(a) Residence: No. 2711 W. Lafayette Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elfrida Murphy

6. DATE OF BIRTH (month, day, year) Jan 8 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 58 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0093

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Stephen Murphy

14. BIRTHPLACE (city or town) (State or country) Vermont Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Elfrida Murphy

(Address) 2711 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western (Pending) Date Nov 9th 1935

19. UNDERTAKER Towell & Boyles, Inc

(Address) 1617 W Cross St

20. FILED NOV 8 - 1935 19 Hamilton Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

hemorrhage

Date of onset .....

Other contributory causes of importance: hypertension arterial

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 1010 S. Potomac Ave.

OCCUPATION is very important. See instructions on back of certificate.

F. M. B. 17426

F 17426

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17426

186-a

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin F. Burke

If U. S. Veteran specify WAR Spanish War

(a) Residence: No. 1306 S. Highland Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willena

6. DATE OF BIRTH (month, day, year) Oct 5 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | - | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired (Spanish War Veteran)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thos Burke

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Bolden

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Benj. F. Burke Jr.

(Address) 1306 S Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Natural Bridge Date Nov 7 1935

19. UNDERTAKER George W. Zurhorst

(Address) 1757 E Eager St

20. FILED Nov 7 1935 H. Lester Wilson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Abscess both kidneys | |
| from Urinary retention | |

Other contributory causes of importance:

Fractured rt femur

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury fell off a ladder

Nature of injury fractured rt femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Edwards Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

Form 1903 - 6M - 8-35

8

F 17427 ✓ F 17427

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Caroline St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

2. FULL NAME Israel David Herman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1029 N. Caroline St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 44 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj. E. Herman

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Date 11/8/35 19

19. UNDERTAKER Jack Levy Inc. (Address) 1439 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1933 to Nov. 7, 1935

I last saw him alive on Nov. 7, 1935 Death is said to have occurred on the date stated above, at 7:15 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Cardio-vascular Disease | ? |

Other contributory causes of importance: Myocardial Insufficiency 2 yrs ago

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Zuckerman M. D.

(Address) 2340 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F. D. 17428 ✓ F 17428

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH West Balto Gen Hosp

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J Green

If U. S. Veteran specify WAR No

(a) Residence: No. 402 E Hoffman St., NE Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Agnes Burrell

6. DATE OF BIRTH (month, day, year) Aug 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 85 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME George W Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lucie Burrell

(Address) 402 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Park Date Nov 9 1935

19. UNDERTAKER

(Address)

NOV 8 - 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on the ... and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchitis | 11/3/35 |
| " Acute Dilatation of Heart | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 10/31, 1935

Where did injury occur? Charleston Rd & Hoffman St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Jumping

Manner of injury Struck by automobile in street

Nature of injury Chest

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Bentley Autz, M. D.

Coroner

(Address) 2411 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 17429

F 17429

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 1592

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Adelhardt

If U. S. Veteran specify WAR .....

(a) Residence: No. 5717 Oakspring Rd (mother) St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or 20 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Howard Adelhardt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mildred Lockard

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park Date Nov 7, 1935

19. UNDERTAKER P. J. Finko
(Address) 210 Edmondson Av

20. FILED NOV 8 1935 Arlington Hillard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935 to Nov 7th, 1935

I last saw him alive on Nov. 7th, 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital heart disease | 9th hr |
| Congenital Horseshoe Kidney | " |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Cesarean Section Date of 11/7/35

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harold B Robinson M. D.

(Address) Mercy Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

17430 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 17430

## CERTIFICATE OF DEATH

✓ 179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Annie Conway

(a) Residence: No. 711 N. Calhoun St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 3 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| — | 1 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Edna Conway

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Edna Conway (Address) 711 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/8/ 19 35

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

20. FILED ... 19 ... Registrar

NOV 3 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Methyl Salicylate Poisoning | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 3 1935

Where did injury occur? Balto. Md. 711 Calhoun St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Oil of Wintergreen given in Cough Syrup

Nature of injury Methyl Salicylate Poisoning

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Schaefer Coroner, M. D.

(Address) 1912 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

Spec.—1-12-23—M&T—500 Blks.

MATTIE. N. OPHLIN

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17431 ✓ 131 F 17431

## CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Druid Hill Av ST., 14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Nopkins

(a) RESIDENCE NO. 1425 Druid Hill Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Hopkins

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0031

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Cornelius Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucy Blanchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mr Everett Jones

(Address) 515 Lanvale St

15 Filed NOV 8 - 1935 16 Registrar: Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov-6-1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935, to Nov 5, 1935, that I last saw her alive on Nov 5 1935 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH was as follows:

Cardio Vascular Renal Disease —

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) J. B. Hughes M. D.

Nov 8, 1935 (Address) 1430 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem DATE OF BURIAL 10-10 1935

20 UNDERTAKER: George T. A. Gibson ADDRESS 1735 Druid Hill Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

F 17432

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17432

## CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 621 S. Kenwood Ave. St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN SCHOEBERLEIN

(a) Residence: No. 621 S. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Fredericka Boehner Schoeberlein

6. DATE OF BIRTH (month, day, year) May 5, 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 55 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Schoeberlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hensler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Fredericka Schoeberlein
(Address) 621 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Nov. 9. 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway. Huntington Millware

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1935 to Nov 5 1935 that I last saw her alive on Nov 4 1935. Death is said to have occurred on the date stated above, at 4.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endo and Myocarditis. | |

Other contributory causes of importance:

Name of operation ~~~ Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Dr. Mother M. D.

(Address) 301 S Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Weston

F 17433

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17433

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 70 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edna Weston

(a) Residence: No. 2044 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31-1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 2 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edwin Carl Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary V. Ward

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph D. Ford

(Address) 1814 Kings Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Nov 11 1935

19. UNDERTAKER John J. Conway Sons

(Address) 501 Eastern Ave

Huntington Pallbearers, Inc.

20. FILED 19 Registrar.

8-1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/27/35, 19..., to 11/8/35, 19...

I last saw her alive on Nov. 8, 1935. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uterine fibroid | 4/1/35? |
| Intestinal obstruction | 10/30/35 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Evisceration of small bowel | 11/6/35 |
| Secondary closure & abdominal exploratory | 11/6/35 |

Name of operation Hysterectomy Date of 10/29/35

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Alessi M. D.

(Address) West Balto Gen'l Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17434

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17434

92-a

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 W. Barre St., 22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William R. Ryan

(a) Residence: No. 552 W. Barre St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elma E. Ryan

6. DATE OF BIRTH (month, day, year) November 5, 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cedar Hill Cemetery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William R. Ryan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

17. INFORMANT Mrs. Elma Ryan

(Address) 552 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Date Nov. 9 19 35

19. UNDERTAKER Robert H. Cook

(Address) 1005 W. Baltimore St.

20. FILED 19 Register

NOV 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/11 19 35 to 11/5/35 19 35

I last saw him alive on 11/5/35 19 35 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Chronic colitis

Effusion Pleurae

Date of onset

Other contributory causes of importance: Coronary Thrombosis 11/6

Was an operation performed? No Date of 0

For what disease or injury? None

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. A. Freeman M. D.

(Address) 3207 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17435

F 17435

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Wood (Carolyn Ann Wood)

(a) Residence: No. 3207 Brightwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day 17 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wellington Wood

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Brittingham

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mr. Wellington Wood

(Address) 3207 Brightwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 8 1935

19. UNDERTAKER Jos. D. H. Cook

(Address) 1007 E. Baltimore St.

Filed Nov 9 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935 to Nov 7 1935

I last saw her alive on Nov. 7 1935 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. F. Sedlacek, M. D.

(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17486

F 17436

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 34-C-92-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Orlando Peoples.

If U. S. Veteran specify WAR .....

(a) Residence: No. 236 S. Collington Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Harrison Peoples

6. DATE OF BIRTH (month, day, year) December 4 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 11 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cunning Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph Peoples

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Anna Kendall

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Chas Armstrong

(Address) Cella Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 11, 11 1930

19. UNDERTAKER Edw. Stainbrook & Son

(Address) Elkridge Md.

20. FILED ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1930

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lueticcarcinoma with Cardiac insufficiency | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

8-1933

M. D. B 1268-9

F 17437

17437

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luigo Pregary

(a) Residence: No. 602 E. Biddle St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Unknown |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (O.S.)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med School Date Nov 8 19 35

19. UNDERTAKER .....
(Address) Huntington Williams, Inc.

20. FILED NOV 8 - 1935 Registrar.

1935 THE MORGUE.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullet Wound Rt Temple | 10/23 |
| | |
| | |
| | |

Other contributory causes of importance:

Arterial Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 10/23, 1935

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hotel - Lavin

Manner of injury Shot himself 32 cal.

Nature of injury Bullet Wound Rt Temple

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edwin B Wallace M. D. Coroner

(Address) 1031 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17438

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Owens

If U. S. Veteran specify WAR

(a) Residence: No. 295 S. Duncan Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd jobs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Nov 8 1935

19. UNDERTAKER

(Address)

20. FILED Nov 8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-16 1934 to 11-5 1935

I last saw him alive on 11-5 1935 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign Hypertrophy of Prostate Gland | 8-16-34 |
| Other contributory causes of importance: Chronic Myocarditis | ? |

Was an operation performed? Yes Date of 8-24-34

For what disease or injury Benign Hypertrophy of Prostate

Name of operation Suprapubic Cystostomy Date of 8-24-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1844

AACo. 5-31 250M

F 17439

F 17439

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Baker St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Patterson

(a) Residence: No. 604 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col. | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/7/35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | | 1/ | 5 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Patterson
14. BIRTHPLACE (city or town) (State or country) V. C.

MOTHER

15. MAIDEN NAME Gladys Gaynes
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gladys Patterson
(Address) 604 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov 8 1935

19. UNDERTAKER
(Address)

20. FILED Nov 8 1935 1935 1616 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/35

22. I HEREBY CERTIFY That I attended deceased from 11/7/35 to 11/8/35

I last saw h— alive on 11/7/35 death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Labor | about 6 or 6½ hrs |
| Contracted Pelvis | |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Gray Mosley, M. D.
(Address) 5741 N. Carrollton ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# 17440 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12440

## CERTIFICATE OF DEATH

✓154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adele Alakna

If U. S. Veteran specify WAR

(a) Residence: No. 2545 Calverton Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anthony Alakna

6. DATE OF BIRTH (month, day, year) 10-7-1909

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 26 | 1 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Andrew Gustikus

14. BIRTHPLACE (city or town) Lithuania
(State or country)

MOTHER

15. MAIDEN NAME Marion White

16. BIRTHPLACE (city or town) Lithuania
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 11 1935

19. UNDERTAKER John Greblauckas
(Address) 423 S. Paca St

Huntington Williams

NOV 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1935 to 11-7 1935

I last saw her alive on 11-7 1935 Death is said to have occurred on the date stated above, at 1105 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Osteomyelitis Left Femur & Tibia | About 1925 |
| Secondary Anemia (Pernicious other than before) | 1934 |

Was an operation performed? Yes Date of 7-2-35

For what disease or injury? Chronic Osteomyelitis

Name of operation Incis & Drainage Retroperitoneal Abscess Date of 7-2-35

What test, chemical, microscopic, bacteriologic, or X-Ray? Chemical & X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

(Mayse)

F 17441

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17441

## CERTIFICATE OF DEATH

+ V 210-M

1. PLACE OF DEATH Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernie Mayse

If U. S. Veteran specify WAR DC

(a) Residence No. Sutton W. Virginia St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Mayse

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Steve Mayse

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kinnie

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT E B Berry State
(Address) Sutton W. Virginia

18. BURIAL, CREMATION, OR REMOVAL

Place Sutton W. Va Date 11 8 1935

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED NOV 8 - 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Spine | 10/29/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Shock (Nervous)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 10/29 1935

Where did injury occur? Sutton, W Va
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Car Landed & fell down

Nature of injury Fractured Spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Richard Bailey Hyde M. D.
Coroner

(Address) 1 E Read St Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17442 F 17442

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Groin

If U. S. Veteran specify WAR.....

(a) Residence: No. 236 S. Calhoun st. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | ~~Married~~ Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Groin

6. DATE OF BIRTH (month, day, year) Nov. 28, 1881 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 54 | 11 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Serbia

FATHER

13. NAME Steve Ugrin

14. BIRTHPLACE (city or town) (State or country) Serbia

MOTHER

15. MAIDEN NAME Catherin (?)

16. BIRTHPLACE (city or town) (State or country) Serbia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Nov 7 1935

19. UNDERTAKER Roth & Bro. Walter
(Address) NE Cor Pratt & Tucker Sts

20. FILED ..... 19..... Registrar.

NOV 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1935 to Nov. 7, 1935
I last saw her alive on Nov. 7, 1935 Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 1 yr. |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No
If so, specify .....

(Signed) Arthur Karlin M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 17443

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17443

46-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. Potomac St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Thomas H. Easley

(a) Residence: No. 29 N. Potomac St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of: Anna Easley

6. DATE OF BIRTH (month, day, year): Jan 1st 1862

7. AGE: Years 73 | Months 10 | Days 6 | If LESS than 1 day.... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stamping Co.

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 40+

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: William Easley

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Matilda Siffle

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Margaret Easley
(Address) 29 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Nov 9, 1935

19. UNDERTAKER: John J. Moran
(Address) 3000 E. Balto. St.

20. FILED: Nov 8 - 1935 — Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935 to Nov. 7, 1935

I last saw him alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 3 30 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach — Date of onset 1933

Other contributory causes of importance:

Name of operation: none — Date of ....

What test confirmed diagnosis? V — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Edward J. Zimmerman M. D.

(Address) 2516 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate as nearly as possible. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 17444

F 17444

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., [illegible] Ward) Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Newman

If U. S. Veteran specify WAR

(a) Residence: No. 2335 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT McKinley Points
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 8, 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935 to Nov 7, 1935

I last saw him alive on Nov. 7, 1935. Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | ? |
| | |
| | |
| Other contributory causes of importance: Myocardial Degeneration | ? |
| Senility | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert L. Lafourt M. D.

(Address) 1116 Forsyth Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 8 1935

F 17445

174886

305-88

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Taylor

(a) Residence: No. 1500 Argyle ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gladys

6. DATE OF BIRTH (month, day, year): 4-6-03

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: David Taylor

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Lizzie Ball

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 11 18 1935

19. UNDERTAKER (Address): Saml. W. Chase & Son 638 N. Eutaw

20. FILED ..... 19 ..... by .....

NOV 8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935 to Nov 7, 1935

I last saw him alive on Nov 7, 1935 Death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Hypertension | 1934 |
| Arteriosclerosis | 1934 |
| Chr. nephritis - ? vascular | 1934 |
| Uremia | Oct. 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw H Grossman, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—300 Bks.

F 17446

17446

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

City of BALTIMORE: (No. 2805 St Paul St., 17 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Gwynne Battinger

(a) RESIDENCE NO. 2805 St Paul St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Battinger

6 DATE OF BIRTH (month, day, and year): Sept. 21 1867.

7 AGE — Years: 78. Months: 1 Days: 15. IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country): Canada.

PARENTS

10 NAME OF FATHER: James Brown

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country): Scotland.

12 MAIDEN NAME OF MOTHER: E Brown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country): Scotland

14 Informant: H. H. Battinger

(Address) 2805 St Paul.

Filed 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 7th 1935

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1935, to Nov. 7th, 1935, that I last saw her alive on Nov. 7th, 1935, and that death occurred, on the date stated above, at 3.45 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

Uremia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Frederick B. Crews, M. D.

, 19 (Address) 2827 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount, Nov 9 19 35

Date of Burial

20 UNDERTAKER: L. P. Fusselbaugh

ADDRESS: 221 E Lafayette

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

8

M. D. B 1268-9

F 17447

# 17447 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N Paca St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

If U. S. Veteran, specify War: Spanish War, Philippine Insurrection

2. FULL NAME John Bankstan

(a) Residence: No. 605 N Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Mar |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 66 | 3 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Accomac Co Va
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..
(State or country)

17. INFORMANT James A Hays
(Address) 142 Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Nov 9, 1935

19. UNDERTAKER James A Hays
(Address) 142 Ostend St

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above at 8-10 a.m.,

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

| | Date of onset |
|---|---|
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8-1935

M. D. B 1268-9

17448 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17448

## CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 W. Lexington St. St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Turtmann

If U. S. Veteran specify WAR

(a) Residence: No. 732 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta M. H. Turtmann

6. DATE OF BIRTH (month, day, year) Dec. 30, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 52 | 10 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sunwerein Vereinte

10. Date deceased last worked at this occupation (month and year) Nov 6. 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Turtmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME NotKnown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. Turtmann

(Address) 732 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 9. 1935

19. UNDERTAKER Jno. Mrs. John W. Geisel & Son

(Address) 601 W. Fayette St

20. FILED NOV 8 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gas Poison (Illumating) | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Nov. 7, 1935

Where did injury occur? 732 W. Lexington St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 737 W. [illegible] Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1263-9

F 17449

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17449

## CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Port St., 1 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 38 yrs. ..... mos. ..... ds.

2. FULL NAME Frances Prochazka

(a) Residence: No. 716 Port St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Prochazka

6. DATE OF BIRTH (month, day, year): Dec 6, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austro-Hungaria

MOTHER

13. NAME: Mary Vlach

14. BIRTHPLACE (city or town) (State or country): Austro-Hungaria

FATHER

15. MAIDEN NAME: Caroline Kranicka

16. BIRTHPLACE (city or town) (State or country): Austro-Hungaria

17. INFORMANT (Address): John Prochazka 716 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Nov 9, 1935

19. UNDERTAKER (Address): Frank Crapkadon 804 Ashland Ave

20. FILED ..... Huntington Williams Asst. Registrar

V 8 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935 to Nov 6, 1935

I last saw her alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1934 |
| Carcinomatosis | |

Other contributory causes of importance:

Name of operation: none Date of: ✓

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No ✓ If so, specify .....

(Signed) Joseph Potorny M.D. M. D.

(Address) 2100 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17450 F 17450

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Moreland (Sarah) U. S. Veteran Specify WAR

(a) Residence: No. 9 Irving Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Separated |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Moreland

6. DATE OF BIRTH (month, day, year) ? 1861

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe Md.

FATHER

13. NAME Wilson Leonard

14. BIRTHPLACE (city or town) (State or country) Trappe Md.

MOTHER

15. MAIDEN NAME Ida Leonard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Son.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11/9 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Harrington Funeral Home

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/25 1935 to 11/6 1935

I last saw her alive on 11/6 1935 Death is said to have occurred on the date stated above, at 9 10 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 days

Senile vascular disease

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert G Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17451 AE 17451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Broadway 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Clark

If U. S. Veteran specify WAR

(a) Residence: No. 1309 N. Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of James Clark

6. DATE OF BIRTH (month, day, year) July 1st 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 4 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Cowden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas Cowden

(Address) 1309 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 11th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. [illegible] Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to Nov 8, 1935

last saw h[illegible] alive on Nov 8, 1935. Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis Liver (Cause) | |
| Ascites - Sclerosis | 3 yrs |
| Carcinomatosis | |
| Other contributory causes of importance: | |
| Bronchial Pneumonia | 3 days |

Was an operation performed? None Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Sigel Littman M. D.

(Address) 1501 E. Eclaw

V9 - 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17452

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17452

122-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George V. Streaty (Streatz) If U. S. Veteran specify WAR

(a) Residence: No. 2659 Hafen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Catherine Streaty

6. DATE OF BIRTH (month, day, year) Nov. 13 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 51 | 52 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. meat Market

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME George V. Streaty

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Streaty

(Address) 2659 Hafen St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cemetery Date Nov 9 35

19. UNDERTAKER F. P. Kispert & Son

(Address) 600 Eutaw Place

20. Filed 1935 Huntington Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1935 to Nov. 6, 1935

I last saw him alive on Nov. 6, 1935 Death is said to have occurred on the date stated above, at 11:45 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Epigastric Hernia (Reducible) | |
| Operation - Herniaplasty | 11/5/35 |
| Other contributory causes of importance: Cerebral Accident - Left Terminal pneumonia | |

Was an operation performed? yes Date of 11/5/35

For what disease or injury? Epigastric hernia

Name of operation Herniaplasty Date of 11/5/35

What test confirmed diagnosis? Oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Strenuous Work

(Signed) H. D. Hull M. D.

(Address) University Hospital

F 17453

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12453

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Timmons If U. S. Veteran specify WAR ?

(a) Residence: No. 663 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Sophia Dollinger

6. DATE OF BIRTH (month, day, year) June 21 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 55 | 4 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 1013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Market

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward F. Timmons

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Matilda E. Frazer

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Rev. Mr. C. F. Lantz

(Address) 5339 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 9, 35

19. UNDERTAKER F. B. Keppler & Son

(Address) 1300 Eutaw Place

20. FILED NOV 9 1935 Huntington Ave. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1935 to November 7, 1935

I last saw h... alive on November 6, 1935. Death is said to have occurred on the date stated above, at 12:05 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculous pneumonia | 11/3/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William D. Lucas, M. D.

(Address) South Baltimore Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

365-65-B

F 17454

F 17451

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 16 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Wilson

(a) Residence: No. 213 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret—

6. DATE OF BIRTH (month, day, year) 12/31/66

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Wilson

14. BIRTHPLACE (city or town) (State or country) Va—

MOTHER

15. MAIDEN NAME Mary Peregoy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Nov 11 1935

19. UNDERTAKER (Address) Samuel R. Chase & Son 638 N. Gilmor

20. FILED Huntington Ave Station Nov 11 1935 # 4811

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935 to Nov. 7 1935

I last saw him alive on Nov. 7 1935. Death is said to have occurred on the date stated above, at 6.22 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal obstruction | |
| Post operative Pneumonia | Oct 25 |

Other contributory causes of importance:

Was an operation performed? Yes Date of Nov. 1

For what disease or injury? Intestinal obstruction

Name of operation Exp. Lap. Ileostomy Date of Nov. 1

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Kimball M. D.

(Address) The Johns Hopkins Hosp

Information should be complete and accurate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V9-1935

M. D. B. 1268-9

✓ F 17455

17455

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 McCulloh St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Ogle

(a) Residence: No. 1925 McCulloh St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) CYRIL A. OGLE

6. DATE OF BIRTH (month, day, year) Aug 4. 1892

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 43 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Service

10. Date deceased last worked at this occupation (month and year) Nov. 5, 1935

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Smithville, Va.

FATHER

13. NAME Edward Mosley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John H. Mosley (son)
(Address) 1404 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western State Co. Date 11/9/ 1935

19. UNDERTAKER Francis A. Stemley
(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935 to Nov. 6 1935

I last saw her alive on Nov. 4th 1935. Death is said to have occurred on the date stated above, at 9.00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov. 5, 35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Generalized arteriosclerosis | 1934 |
| | |
| | |

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Libdams M. D.

(Address) 426 Lanvale St.

Information should be given by person who can state FACTS. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Spec.—8-16-29—L. F. S.—100 Bks.

F 17456

17456

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1024 N Calhoune ST., 16 WARD)

2—FULL NAME Andrew D. White

(a) RESIDENCE NO. 1024 N Calhoune ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ the late Mary Jane

6 DATE OF BIRTH (month, day, and year) Unknown

| 7 AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | approximately 70 yrs | | | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0040

(b) General nature of industry, business, or establishment in which employed (or employer) Glass Works

(c) Name of employer Can-Lowery Glass Co

9 BIRTHPLACE (city or town) Fort Mill
(State or country) So. Carolina

PARENTS

10 NAME OF FATHER James White.

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Monroe White.
(Address) 1014 Calhoune St.

15 NOV 9 - 1935

16 ~~Registrar~~ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1935, to Nov 6, 1935, that I last saw him alive on Nov 6, 1935 and that death occurred, on the date stated above, at 5.40 P m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis.
Ch. Endocarditis
Ch. Nephritis.
(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs.

(Signed) H Beaumont Wheeler, M. D.

11/6, 1935 (Address) 2910 Rolling Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Calvary Cem | 11/11/1935 |
| 20 UNDERTAKER Frances A Hemsley | ADDRESS 378 W Biddle St. |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

F 17457

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17457

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Byrd St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Winters

(a) Residence: No. 1709 Byrd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Leroy Winters

6. DATE OF BIRTH (month, day, year) Jan 6, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 51 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Albert Hartman

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT (Address) Mrs. Margaret Bennett 1709 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date NV. 11 19 35

19. UNDERTAKER Margaret E. Flynn
(Address) 2104 W. Baltimore St.

20. FILED ... 19 ... Huntington Avenue, ...
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1935 to Nov. 8, 1935

I last saw her alive on Nov. 7, 1935 Death is said to have occurred on the date stated above, at 9:30A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10/18/35 |
| Exhaustion | 11/7/35 |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

11/8/35 (Signed) T. E. F. Campbell M. D.

(Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 - 1935

M. D. B. 1268-9

17458 F 17458

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 N Luzerne Ave St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Loos

(a) Residence: No. 1231 N Luzerne Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: George D Loos

6. DATE OF BIRTH (month, day, year): 12-25-1876

7. AGE: Years 58 | Months 10 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Hagen

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr George D Loos

(Address) 1231 N Luzerne Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date 11-11 , 1935

19. UNDERTAKER: Albert J Nitz Jr

(Address) 1606 N Chester St

20. FILED 11-9 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 , 1935 to Nov 8 , 1935

I last saw her alive on Nov 8 , 1935 Death is said to have occurred on the date stated above, at 2 PM.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | Sept 1 |
| Pulmonitis | |

Other contributory causes of importance:

Name of operation ... Date of 1935

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C Gerling M. D.

(Address) 1609 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 17459

# F 17459 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 E North Ave St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry P. Brandt

(a) Residence: No. 2126 E North Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary P. Brandt

6. DATE OF BIRTH (month, day, year) Jan 19 1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | 10 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker Carroll Park

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Steiner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary P. Brandt

(Address) 2126 E North Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 11-11, 1935

19. UNDERTAKER Albert L Hilt Jr

(Address) 1606 N Chester Street

20. FILED ..., 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to Nov 8, 1935

I last saw him alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 12.15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | |
| | |
| | |
| | |
| | |

over

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jacob Fisher, M. D.

(Address) 1823 E Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17460

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17460

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Esther Pl St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sebastian G Frisdel

(a) Residence: No. 3227 Esther Pl St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Frisdel

6. DATE OF BIRTH (month, day, year) June 2, 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 5 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger 0052

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 10/1935

11. Total time (years) spent in this occupation 40 y.

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Michael Frisdel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Bemiger

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mamie Frisdel

(Address) 3227 Esther Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Nov 9, 1935

19. UNDERTAKER John A Kroman

(Address) 3000 E. Balto St.

20. FILED NOV 9 1935, 19..... Huntington Funeral Home

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1935 to Nov 7, 1935

I last saw him alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Nov 3 35 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Cardiac dilatation | Nov 7 35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) William J Aycock, M. D.

(Address) 801 Kenwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17461

F 17461

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lillie Mitchell

(a) Residence: No. 1102 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 55 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Georgianna Lewis

16. BIRTHPLACE (city or town) (State or country) Centerville Md

17. INFORMANT Patient (Address) Robert Edward Hosp 1901 Lov St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 11/1 1935

19. UNDERTAKER Walter B. Sprigg (Address) 1819 Harlem St.

FILED Huntington Williams, Registrar.

CV 9 - 1935

(Will follow Conversion)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/22, 1935 to 10/31, 1935

I last saw her alive on 10/31, 1935 Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | ? |
| Arteriosclerosis | ? |
| Hypertension | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17462

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17462

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Webster St. St., 24 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel V. Sluzewki.

(a) Residence: No. 1625 Webster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles M. Sluzewki.

6. DATE OF BIRTH (month, day, year) Nov. 6/1886.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 49 | 0 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Ireland.

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Elizabeth C Schuman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles M. Sluzewki.
(Address) 1625 webster St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov 11th. 1935

19. UNDERTAKER E Schuman & Son
(Address) 1039 Hanover St
Huntington Hilliams, N.D.

20. FILED OV 9 - 1935, 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th, 1935 to Nov 7, 1935

I last saw her alive on Nov 7, 1935 Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Diabetes Mellitus 11/7/35

Other contributory causes of importance: Chronic Cancer 9/1/35

Name of operation Radium Application Date of 8/1/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Hartman M. D.

(Address) 1 E Fayette

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17463 — 47-B — 17463

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. ~~Dougherty~~ DOUGHERTY. If U. S. Veteran specify WAR .....

(a) Residence: No. 2900 Guilford Ave St., ..... Ward. .....
(Usual place of abode) (if non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 8 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 6 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. State Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert. Dougherty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma. Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs E. M. Dougherty

(Address) Princess Anne Md.

18. BURIAL, CREMATION, OR REMOVAL

Princess Anne Md Date 11-9 1935

19. UNDERTAKER Bernard C Harle

(Address) 121 E West St

20. FILED ..... 19.....

NOV 9 - 1935 ~~Washington, D. C.~~ Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1935, to 11-8, 1935

I last saw him alive on 11-8, 1935. Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Oedema | 11-7-35 |
| Metastatic carcinoma - before | 9-19-35 |

Other contributory causes of importance:

over

Was an operation performed? Yes Date of 9-23-35

For what disease or injury? Diagnosis

Name of operation Biopsy Date of 9-23-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Woodward Jr. M. D.

(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B 1268-9

✓ F 17464

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17464

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Baltimore Md

Registered No.

CITY OF BALTIMORE: (No. 3 South Hilton St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beisse W. Marsh

If U. S. Veteran specify WAR

(a) Residence: No. 3 South Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry T. Marsh

6. DATE OF BIRTH (month, day, year) April 7-1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 6 | 30 | 29 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Samuel E. Orem

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME ? Gindly

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Thomas Polcak

(Address) 3 South Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date November 9-1935

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St. Huntingdon Pennsylvania

20. Filed NOV 9 1935, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 - , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above 3-10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombis | 4 |
| | Nov. 6- |
| | 35- |
| Other contributory causes of importance Myocarditis | 1933 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

17465

F 17465

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Sqr. Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. St. 2nd Hall. WARD)

2-FULL NAME Mrs. Lottie Lee Kirby

(a) RESIDENCE NO. 4615 Frankford Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How Long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Thomas A. Kirby

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1886

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| 48 years | | 10 | 15 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

PARENTS

10 NAME OF FATHER Charles E. Calvert

11 BIRTHPLACE OF FATHER (city or town) Portsmouth (State or country) Va

12 MAIDEN NAME OF MOTHER Lucille Fontas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Thomas A. Kirby
(Address) 4615 Frankford Ave

15 Filed ..., 19 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/8/35

17

I HEREBY CERTIFY, That I attended deceased from 9/2/35, 19..., to November 8, 1935

that I last saw her alive on November 8, 1935

and that death occurred, on the date stated above, at 3.50 A. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio vascular renal disease. (Chronic)

unknown ? ? ?
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Chr. Cholecystitis & Renal calculus unknown
(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No. Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urine Examination & physical findings

(Signed) D. D. Battaglia M. D.

19 (Address) Franklin Sqr. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 11/11 19 35

20 UNDERTAKER Leonard H. Ruck

ADDRESS 5305 Harford Ave

OVS-1935

PRINT PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 17466

B 17466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 7 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Sadler

If U. S. Veteran specify WAR

(a) Residence: No. 28 E. Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/21/92

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 43 ~~42~~ | 7 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jennie Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/11 1935

19. UNDERTAKER J. S. Bartlett

(Address) 1136 Poplar Grove St.

20. Huntington Wiles Registrar

V 9 - 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1935 to 11/7 1935

I last saw him alive on 11/7 1935 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| Hypertensive Heart Disease | 7 |
| Bronchopneumonia | Nov. 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17467

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17467

## CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH Bon Secours Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1W ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sally Annie Crook

(a) Residence: No. 316 E. University Parkway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 12 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sally A. Crook

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Sandy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph L. Crook
(Address) 316 E. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/11 1935

19. UNDERTAKER Frank J. Lesinski Sons
(Address) 3 E. Lexington St.

20. FILED Hunter for Williams (Signature)
11 XI 35

NOV 9 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1935, to Nov 7, 1935

I last saw he alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis Meningitis | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harold Shanahan M. D.

(Address) Bon Secours

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 17468

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Plumhoff — No Veteran

(a) Residence: No. 3409 Elmley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Plumhoff

6. DATE OF BIRTH (month, day, year) Nov 11 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A & P Stores
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Plumhoff
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen King
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Mamie Plumhoff
(Address) 3419 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/11/35 19...

19. UNDERTAKER Philip Hershey Sons
(Address) 2016 Eutaw Pl. Huntington Milwaukee, Wis.

FILED ... 19... Registrar.

NOV 9 - 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to November 7, 1935
I last saw him alive on November 7, 1935. Death is said to have occurred on the date stated above, at 8:10 P, m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Peptic ulcer | |
| 2. Chronic myocarditis | |
| 3. Ventral hernia | |

Other contributory causes of importance:

Name of operation Gastro enterostomy Date of 10-28-35
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Magenella, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17469

# F 17469 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1153 Ward St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Taylor

(a) Residence: No. 1153 Ward St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 8, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..7.. hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Wesley Taylor

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Edna May Reiter

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Edna May Reiter
(Address) 1153 Ward St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 9 19 35

19. UNDERTAKER .....
(Address) .....

20. FILED NOV 9 - 1935 Registrar. Huntington Williams, M.D.

1849

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 PM - Nov 8 . 1935 to 5 AM Nov 9 . 1935

I last saw her alive on 2 AM . 1935. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity. | |
| (approx 6 months) | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert J. Glass M. D.

(Address) 1111 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

17470 F 17470

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 W University Parkway 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B. C. Yearley

If U. S. Veteran specify WAR

(a) Residence: No. 100 W University Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (~~or WIFE of~~) Mary Smith Yearley

6. DATE OF BIRTH (month, day, year) April 26 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 6 | 13 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realty Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas B Yearley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Simpson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Smith Yearley
(Address) 100 W University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Vernon Cathedral Date Nov 11 1935

19. UNDERTAKER Henry W Jenkins & Son Co.
(Address) Oakland & McCulloh Sts

20. FILED ... 19 ... Registrar. Nov 9 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th, 1935, to Nov. 8th, 1935.

I last saw him alive on Oct. 15th, 1935. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Nov. 8th 35. |
| Hypertension | |
| Arteriosclerosis. | |

Other contributory causes of importance: Oct 15/35

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) J. G. Chatard. M. D.

(Address) 1305 E Calvert St.

N. B.—WRITE PLAINLY, with unfading ink. PHYSICIANS should be careful that information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

NOV 9 1935

F 17471

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17471 ✓ × 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Selma Hazel Dodge

If U. S. Veteran specify WAR

(a) Residence: No. Glenburnie Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 23, 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 12 | 7 | 27/5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Dodge

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hazel Kestner

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr George W. Dodge
(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 9 1935

19. UNDERTAKER John F Zemp
(Address) 915 Light St

NOV 9 1935 Huntington Williams, Jr. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935 to Nov 8, 1935

I last saw her alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diphtheria | 10-17-35 |
| Tracheotomy operation | 10-28-35 |
| Pneumonia, lobar | 11-4-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 10-28-35

For what disease or injury? Laryngeal stridor

Name of operation Tracheotomy Date of 10-28-35

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker, M. D.
(Address) Sydenham Hospital

N. B.—WRITE PLAINLY. WITH CAPABILITY THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

17472

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17472

## CERTIFICATE OF DEATH

X 83-34 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry A. Mayrand

(a) Residence: No. 1202 Forrest Rd. Sparrows Point Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Mayrand

6. DATE OF BIRTH (month, day, year) March 11, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 7 | 28 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pump Operator 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manistee, Mich.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Sarah Chamberlin

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs Emma Mayrand

(Address) Lower Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place Manistee Mich. Date Nov 10. 19

19. UNDERTAKER John F Dennis

(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paresis | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cirrhosis of Liver (Duration)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —— If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12638 F 17473 ✓ F 17473

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Gen Hosp 24 X 210-M Registered No.

CITY OF BALTIMORE: (No. St., 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles M. Luedtke If U. S. Veteran specify WAR

(a) Residence: No. 1 Illinois Ave St., Butte Highlands Ward. Butte Co
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16 1910

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 25 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Anne Arundel Co - Md (State or country)

FATHER

13. NAME Charles R. Luedtke

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Minnie Loft

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Charles R. Luedtke (Address) Butte Highlands

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem Date Nov 11, 1935

19. UNDERTAKER Margaret D. Flynn (Address) 2107 N. Hilton St

20. FILED NOV 10 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| | 11-5-35 |
| Fire & Burns | |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of Injury 11/5, 1935

Where did injury occur Butte Highlands (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place Highway

Manner of injury Hit & Run driver

Nature of injury Burns while lying in street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert Worley, M.D.

(Address) 642 Post Office Bldg

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 6

F 17474 ✓ F 17474

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Williams

(a) Residence: No. 808 N. Carrollton ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Williams

6. DATE OF BIRTH (month, day, year) Feb. 22, 1912

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | 8 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0019

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Tallifero

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Addis Vena

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date Nov 11 1935

19. UNDERTAKER Archibald A. Gladden

(Address) 2,101 N. Caroll Ave.

20. FILED NOV 10 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1935 to Nov. 8 1935

I last saw her alive on Nov. 8 1935 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Aug. 1935 |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur Karfgin M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-35 A.C. —200 Bks.

F 17475

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17475

## CERTIFICATE OF DEATH

108

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. Union Memorial Hospital, 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Nicholson

(a) RESIDENCE NO. 909 N. Calhoun St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White Hebrew

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Jacob Nicholson

6 DATE OF BIRTH (month, day, and year): Unknown to deceased

7 AGE — Years: 50 ? — Months — Days — IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery. 0034

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Sol Nicholson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther (Family name unknown to deceased.)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Minnie Nicholson

(Address) 909 N Calhoun St

15 Filed ... 19 ... Registrar

NOV 10 1935

Huntington Ave

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-9 1935

17 I HEREBY CERTIFY, That I attended deceased from 11-4, 1935, to 11-9, 1935, that I last saw him alive on 11-9, 1935, and that death occurred, on the date stated above, at 12 05 a.m.

The CAUSE OF DEATH* was as follows:

Bilateral lobar pneumonia

(duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary): Paralytic ileus

(duration) ... yrs. ... mos. 9 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? X-ray, Blood Culture

(Signed) Harold N. Cole, M. D.

11-9 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mark Bloch — Date of Burial: 11/10/35

20 UNDERTAKER: Jack Lewis Inc — ADDRESS: 1939 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

F 17476

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17476

94-13

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leah Millman

(a) Residence: No. 1918 Wilkins ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Millman

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Resnick

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Liba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Millman

(Address) 1918 Wilkins

18. BURIAL, CREMATION, OR REMOVAL

Place Mark Rd Date 11/10/35

19. UNDERTAKER Jack Levin Store

(Address) 1439 E. Baltimore st

20. FILED NOV 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1935, to 11/9, 1935

I last saw h.e.r. alive on 11/9/35, 19. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Thrombosis of Coronary Artery, Cardiac Decompensation | |

Other contributory causes of importance:

Arteriosclerosis
Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Sinai Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1209a F 17477 ✓ F 17477

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bell to City Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Simon

If U. S. Veteran specify WAR.....

(a) Residence: No. 115 N. Wolf St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| abt 68 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kopal Simon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Eli Simon

(Address) 1518 Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Date 11/8/35, 19

19. UNDERTAKER Jos. Levin Bros

(Address) 1819 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

NOV 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | |
| | |
| | |

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Ellwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17478 ✓ F 17478

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

127

1. PLACE OF DEATH Maryland General Hosp. 9 Registered No.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Brooks If U. S. Veteran specify WAR No Record

(a) Residence: No. 2028 Mathew St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie A. Brooks

6. DATE OF BIRTH (month, day, year) May 4th 1885

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) Oct 26th 1931

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Schadrack Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Dowell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Nellie Brooks
(Address) 2028 Matthews St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 11th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 10 1935 Thomas J. Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935 to Nov. 8 1935

I last saw h alive on Nov. 7 1935 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Cholecystitis | |
| Cardiac Failure | |
| Other contributory causes of importance: | |

Was an operation performed? yes Date of Nov. 4 1935

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy Date of 10/4/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17479 ✓ F 17479

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-e

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Bernhard

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2532 Penna Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Ferdinand Bernhard

6. DATE OF BIRTH (month, day, year) Dec 25th 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 60 | 10 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwin H. Hartzell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Alice O. Courts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry C. Hargis

(Address) 2532 Penna Ave

18. BURIAL, CREMATION OR REMOVAL

Place Western Date Nov 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 13 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1935, to November 9, 1935

I last saw her alive on November 7, 1935. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Chronic myocarditis | |
| Cardiac insufficiency | |
| Cardiac hypertrophy & dilatation | |

Other contributory causes of importance:

Cardiac asthma - auricular flutter

hypostatic - bronchopneumonia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Altman, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 17480 F 17480

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 East 35th St. St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard J. McKewin,

If U. S. Veteran specify WAR Civil G.A.R

(a) Residence: No. 605 East 35th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda J. McKewin,

6. DATE OF BIRTH (month, day, year) October 8, 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 89 | 1 | -- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Carpentar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Builder 1015

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 50Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME William McKewin,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Cecelia Meekins,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Alonita M. McKewin

(Address) 605 East 35th St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date NOV 11 1935

19. UNDERTAKER Geo W. Sittle

(Address) 2700 Edmondson Ave.

20. FILED NOV 10 1935 19... [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 8 1935

22. I HEREBY CERTIFY, That I attended deceased from October, 1934 to Nov 8, 1935

I last saw h. alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Nephritis | 1934 |
| | |
| | |

Other contributory causes of importance: Cardio Vascular degeneration

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fritz J. Kinzer M. D.

(Address) 2700 Hoffman Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

17481 Buch ✓ F 17481

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Henry Hospital St., 4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leopold Buch

(a) Residence: No. Wheeling W. Va St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine C. Buch

6. DATE OF BIRTH (month, day, year) May 21 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 5 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Buch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. Kepner & Son

(Address) Wheeling, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling W. Va Date Nov 12 1935

19. UNDERTAKER Wm. Jackens & Sons

(Address) North & Cross Sts

20. FILED ..... 19..... Registrar.

NOV 10 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterial Hemorrhage | 11/8/35 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Wallace M. D.

Coroner

(Address) 1031 St. Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. F. 1934

F 17482

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17482

X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., General Hosp Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Eva Skiles

(a) Residence: No. 76 Miller Ave, St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE: Lemuel P. Skiles

6. DATE OF BIRTH (month, day, year): June 6, 1899

7. AGE: Years: 36 Months: 5 Days: 2 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wife

10. Date deceased last worked at this occupation (month, day, year): 1933

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Harry Linder

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret Easton

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Lemuel P. Skiles 76 Miller Ave. Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt View Cem Date: Nov. 11 1935

19. UNDERTAKER: Easton Sons

(Address) Catonsville

20. FILED: NOV 10 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1935 to Nov 8, 1935

I last saw her alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 10 15 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Heart Disease | ? |
| Mesenteric Thrombosis | 10/7/35 |

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Schaefer M. D.

(Address) West Balto General Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 17483

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 N. Fairmount St., Ave 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt F. Hayes Sr

(a) Residence: No. 1901 N Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Hayes

6. DATE OF BIRTH (month, day, year) Feb 26 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 86 | 8 | 10 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hayes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Blunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary A. Hayes
(Address) 1509 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Nov 11 1935

19. UNDERTAKER Robt C. & B. M. Walters
(Address) N.E. Cor Pratt & Ikeker Sts

20. FILED NOV 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935 to Nov 7 1935

I last saw him alive on Nov 7 1935. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac failure | 2 days |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chron. myocarditis & hypotension Senility | 5 yrs. |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Edes, M. D.

(Address) 4 N. Fulton Ave

F 17484

F 17484

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Reisterstown Rd St., 43B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 5 yrs. mos. ds.

2. FULL NAME Anna Eberenz

If U. S. Veteran specify WAR

(a) Residence: No. 2407 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 73 | 6 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Simon Eberenz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schilling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Parr

(Address) 2407 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemt Date Nov. 15 1935

19. UNDERTAKER Henry Koch & Sons, Inc

(Address) 1301 E Eager St

20. FILED 19 Registrar

Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 11 1934 to 11 9 1935

I last saw her alive on 11 9 1935. Death is said to have occurred on the date stated above, at 10:55 P m.

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1930 |
| Chronic nephritis | 1934 |
| Intestinal Intussusception | Nov 7 1935 |
| Cardiac Insufficiency | Nov 9 1935 |
| Other contributory causes of importance: Carcinoma of Breast. | 1932 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homiride? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph D. Blum M. D.

(Address) 1286 E. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17485 ✓ F 17485

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp, St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Harris Reed

If U. S. Veteran specify WAR .....

(a) Residence: No. Sykesville, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May B. Reed

6. DATE OF BIRTH (month, day, year) July 22, 1874

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 61 | 3 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

FATHER

13. NAME John Reed

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary E. Harris

16. BIRTHPLACE (city or town) (State or country) Frederick County Md.

17. INFORMANT Mrs. J. Harris Reed

(Address) Sykesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 17, 1935

19. UNDERTAKER C. W. Watts

(Address) Mt. Airy, Md.

20. FILED ..... 19..... .....

Registrar.

NOV 19 1935 Huntingdon Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1935 to 11-10-, 1935

I last saw h. alive on 11-10-, 1935 Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10-11-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Pneumonia | 10-25-35 about |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Millwaple Lefeber, M. D.

(Address) Mercy Hosp.

F 17486 ✓ F 17486

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (Little Sisters of the Poor St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Thomas Raymond

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenal Wendale

6. DATE OF BIRTH (month, day, year) ?

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| bet 70 & 80 ? | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder 6016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Levi Raymond

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Benson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 14, 1935

19. UNDERTAKER Wm. A. Wiedefeld
(Address) 914 Greenmount Ave

20. FILED [illegible] 19 [illegible]
(Signature and title)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1932, to Nov 10 1935

I last saw h[illegible] alive on Nov 8, 1935. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Endocarditis | 3 |
| | |
| | |
| | |
| Other conditions, if of importance: Arthritis | 17 yr |
| Arteriosclerosis | ? |
| Chr. Nephritis | ? |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Path. Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. C. Parker, M. D.

(Address) 1114 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 16 1935

F 17487

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17487

## CERTIFICATE OF DEATH

165

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 St. Paul St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hanzsche, Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2936 St. Paul St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allie F. Foster Hanzsche

6. DATE OF BIRTH (month, day, year) September 21, 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 1 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (-) 1066

10. Date deceased last worked at this occupation (month and year) 12 yrs. ago

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Hanzsche

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Delano

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Mrs. Allie F. Hanzsche
(Address) 2936 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 11, 1935

19. UNDERTAKER Wm. D. Cook
(Address) 1003 N. Baltimore St.

20. FILED NOV 12 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation by hanging | |
| Other contributory causes of importance: | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Nov. 9, 1935

Where did injury occur? 2936 St Paul St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) C. W. Diedenhofer, M. D.
Coroner

(Address) 850 N. 36th St.

M. D. B. 1268-9

F 17488

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17488

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2014 Presbury St. St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Harrison

(a) Residence: No. 2014 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WHILE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Mason Harrison

6. DATE OF BIRTH (month, day, year) February 25, 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 8 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0047

10. Date deceased last worked at this occupation (month and year) November 2, 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Washington Harrison

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Estelle Mason Harrison

(Address) 2014 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov. 11, 1935

19. UNDERTAKER [illegible]

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 3.45P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1215 Hanover St.

F. D. F. 1289

F 17489

✓ F 17489

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Gough St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Brattle Horstman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2011 Gough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Ralph E. Horstman

6. DATE OF BIRTH (month, day, year): Nov 13 1889

7. AGE: Years 45 | Months 46 | Days 11 | If LESS than 1 day, hrs. or min. 27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William E. Goldbrink

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Julia Lee Smith

16. BIRTHPLACE (city or town) (State or country): Alaugh Co. Virginia

17. INFORMANT: Abram T. Goldbrink

(Address) 126 S. Edwards Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov 12, 1935

19. UNDERTAKER: John Ullrich

(Address) 2005 Eutaw

20. FILED Nov 13 1935 Hunter Tuff Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Pulmonary hemorrhage

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. F. Wrigley, M. D.

Coroner

(Address) 1010 S. Edwards Ave

NOV 13 1935

Use WHITE LEADED, BLUE LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17490 ✓ F 17490

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1533 N Bond St., 8 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Barbara Buermann

(a) Residence: No. 1533 N Bond St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H Buermann

6. DATE OF BIRTH (month, day, year) May 30-1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 5 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stengle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arthur H Buermann
(Address) 2210 Lake ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 12, 1930

19. UNDERTAKER John Ullrich
(Address) 2105 Arlington

20. FILED NOV 10 1930 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1930

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930, to Nov 9, 1930

I last saw her alive on Nov 9, 1930. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | ? |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Walter Thomas M. D.

(Address) 3130 Maryland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 93

NOV 10 1930

F 17491

F 17491

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

27

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Beaumont Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN HARRY HOLZER

(a) Residence: No. 505 Beaumont Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth C. Holzer

6. DATE OF BIRTH (month, day, year) June 19, 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 60 | 4 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieutenant 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Holzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Holzer

(Address) 505 Beaumont Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Nov 14 1935

19. UNDERTAKER John Ulrich

(Address) 2108 Orleans

20. FILED NOV 13 1935 Hunter for Register

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to Nov. 8, 1935

I last saw h[illegible] alive on Nov. 1, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 3/20/1935 |
| | |
| | |
| Other contributory causes of importance: | |
| Artery Sclerosis | about |
| Hypertension | 6 yrs |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John D. Veth M. D.

(Address) 9362 Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1269

F 17492

F 17492

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 27 Ward)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs A Katherine Shapiro

(a) Residence: No. 3006 Spaulding Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Joseph Shapiro.

6. DATE OF BIRTH (month, day, year) May 24, 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 00-7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Aug. 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frieda Miller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Self - Hospital Records.
(Address) .....

18. BURIAL (Cremation, Entombment) Place ..... Date 11/11, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935 to Nov. 8, 1935

I last saw her alive on Nov. 8, 1935. Death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchio-pneumonia | Nov. 5, 1935. |

Other contributory causes of importance:

| | |
|---|---|
| infectious arthritis | Aug. 1935 |

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Carlton H. Adams, M. D.

(Address) Church Home & Inf.

M. D. B 12-29 F 17493

F 17493

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 956 N. Saratoga St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth 7 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lena Levin

(a) Residence: No. 956 N. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabbid

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Rokenbroad

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sabbid Levin

(Address) 926 N. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11/11/35 19

19. UNDERTAKER Jack Gerstone

(Address) 1437 E. Baltimore St

20. FILED NOV 10 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1935 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Adelman M. D. Coroner

(Address) 1737 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 6

M. D. B 1268-9

F 17494

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

1. PLACE OF DEATH West Balto Gen Hosp (D a) 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 46 Ward) 23

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Maserovitz

If U. S. Veteran specify WAR ..... No

(a) Residence: No. 2117 Presbury St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 32 | Months | Days | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. asst Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Underwear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin Maserovitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benjamin Maserovitz (Address) 2117 Presbury St

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rosedale Date 11-4-35, 1935

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E Balto St

20. FILED NOV 18 1935, 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Frac of Rad | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 9-9-, 1935

Where did injury occur? Car & Wall St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury auto as a result of

Nature of injury collision

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Weiss Balto M. D. Coroner

(Address) 5142 Park Hts Ave

M. D. B 1268-9

F 17495 Payton ✓ F 17495

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital ✓ 216-M Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Payton Jr. If U. S. Veteran specify WAR

(a) Residence: No. Stockton, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1 - 1913

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 22 | 4 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stockton Md

FATHER

13. NAME John W. Payton Sr.

14. BIRTHPLACE (city or town) (State or country) Stockton Md

MOTHER

15. MAIDEN NAME Mary Bratten

16. BIRTHPLACE (city or town) (State or country) Stockton Md

17. INFORMANT Mrs. Ethel Reed

Address Union Memorial Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Presby Cem Stockton Md Nov. 13 1935

19. UNDERTAKER Vernon P. Stevenson

(Address) Pocomoke City, Md

20. FILED ... 19 ... Huntington Williams Jr. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Spine | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Laminectomy Date of 9/15/35 ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/10/35

Where did injury occur? Near Cumberland Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fell Auto truck

Nature of injury Fractured spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther Bailey Hale M. D.
Coroner

(Address) 142 Park Place Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

NOV 13 1935

F 17496

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thurman Gleaves

(a) Residence: No. Lindridge Va St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/22/34

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 17 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME John Gleaves

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Edna Lee

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Reeds
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lewis Chapel Va Date Nov. 11/35

19. UNDERTAKER F. S. Pippert & Son
(Address) 1300 Eutaw Place

20. FILED NOV 12 1935 Huntington Thurman M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-6 1935 to Nov-10 1935

I last saw him alive on Nov-10 1935. Death is said to have occurred on the date stated above, at 9.05-a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hydrocephalus, congenital | 1934 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/9/35

For what disease or injury?

Name of operation Cervical plexectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Stafford M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17497

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17497

98

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Jones

(a) Residence: No. 429 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Farnell Jones

6. DATE OF BIRTH (month, day, year) 7-9-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 3 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (C03)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Geo. Bolton

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Julia Jules

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 11-11- 1935

19. UNDERTAKER Bryson & Jamie & W. Wright
(Address) 218 McElderry St

FILED NOV 11 1935 19 Registrar.

Huntington Printing Co.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1935 to 11-5 1935

I last saw her alive on 11-5 1935 Death is said to have occurred on the date stated above, at 9:09 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Gangrene | 11-2-35 |
| Rt. Foot | |
| Myocardial Failure | 11-5-35 |

Other contributory causes of importance:

Was an operation performed? yes Date of 11-5-35

For what disease or injury? Gangrene Rt. Leg.

Name of operation Amp. Rt. Leg Date of 11-5-35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. F. 12552

F 17498

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17498

## CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH Church Home & Infirmary — Registered No. .....

CITY OF BALTIMORE: (No. Broadway & Fairmount St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? Life mos. ds.

2. FULL NAME Mrs. Katie Trew

(a) Residence: No. 109 S. Water St. Chestertown, Md.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. (Single) Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9, 1863

| 7. AGE 72 73 Years | 6 Months | 2 Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME Bartus Trew

14. BIRTHPLACE (city or town) (State or country) Kent Co. - Md

MOTHER

15. MAIDEN NAME Sarah Hamilton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Church Home & Inf.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cemetery Date 11/13/35 19

19. UNDERTAKER Ralph H. Hailton
(Address) Chestertown, Md.

20. FILED ..... 19..... Registrar.

CV 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1935 to Nov. 11 1935.

I last saw h[illegible] alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Arteriosclerosis, Senile Arteriosclerotic Heart Disease | ? May '32 |
| 2 | |
| Other contributory causes of importance: | |
| 3 Terminal Broncho-pneumonia | Nov. 1, '35 |
| 4 | |
| 5 | |

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

F 17499

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17499

## CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 17 St., ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred Trower

(a) Residence: No. 738 W. Franklin St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Trower

6. DATE OF BIRTH (month, day, year) 5-7-1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 65 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Jesse Trower

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME June Phillips

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 12 1935

19. UNDERTAKER Samuel H. Chase & Son
(Address) 638 N. Gilmor

20. FILED NOV 11 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1935 to 11-8 1935

I last saw him alive on 11-8 1935 Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Benign Hypertrophy of Prostate | 1934 |
| Urinary Extravasation & abscess Left Thigh | 11-5-35 |
| Other contributory causes of importance: | |
| Bronchopneumonia | 11-7-35 |

Was an operation performed? Yes Date of 11-5-35

For what disease or injury? Urinary Extravasation

Name of operation Suprapubic Perineal Cystostomy Date of 11-5-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. B 1268-9

F 17500

F17500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 555 Mosher St., 14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Diretta Jones

(a) Residence: No. 555 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorsey Jones

6. DATE OF BIRTH (month, day, year) Dec 31-1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 10 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Dorsey Jones

(Address) 702 W 13th Newyork.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 12 1935

19. UNDERTAKER Clarence C. Wright

(Address) 700 N. Carrollton

20. FILED NOV 11 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation | |
| | |
| | |
| | |

Other contributory causes of importance: Hypertension 1-1-35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis S. Allen M. D.
Coroner

(Address) 10 Courtland

Use OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1261-A

F 17501

F 17501

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Wyeth St St., 21 Ward)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George J. Schuck

(a) Residence: No. 628 Wyeth St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Schuck

6. DATE OF BIRTH (month, day, year) Mar 3, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Right

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Aug 15

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Schuck
(Address) 628 Wyeth

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cemetery Date Nov 11 1935

19. UNDERTAKER Towell & Burke Inc
(Address) 1617 W Cross St.

20. FILED 19 ..... Registrar.

NOV 11 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1935 to Nov. 9th 1935

I last saw h[e] alive on Nov. 9th 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation. | 11/9/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Acute Myocarditis. | 10/1/35 |
| | |

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. Norton M. D.

(Address) 1881 W Lombard St

State CAUSE OF DEATH in plain English—do not use technical or medical terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A false statement may be properly classified.

V S 3

17502 E 17502

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 920 Franklintown Rd. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edwin Tyson — If U. S. Veteran specify WAR

(a) Residence: No. 920 Franklintown Rd. Ward. (Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Tyson

6. DATE OF BIRTH (month, day, year) May 16 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 5 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (Month and year) Nov 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Tyson

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Marie Farnan

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Annie Tyson

(Address) 920 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 11, 1935

19. UNDERTAKER Wm J. Tuppener & Sons

(Address) Nos. 8 & Penna. Ave.

20. FILED NOV 11 1935 Huntington Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935, to Nov 8, 1935

I last saw h.. alive on Nov 7, 1935. Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Nov 6/35 |
| | |
| | |
| | |
| Other contributory causes of importance: Hypertension Chronic | Nov 7/35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Darby, M. D.

(Address) 817 Medical Arts Bldg

Carefully supplied. AGE should be exact. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 11 1935

F 17503

F 17503

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 28 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Nellie Mathews

If U. S. Veteran specify WAR.....

(a) Residence: No. Mt. Hope St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Mathews

6. DATE OF BIRTH (month, day, year) Nov. 11, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 11 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany, N. Y.

FATHER

13. NAME Thomas Coady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lyon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister M. Vincentia

(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cemetery Date Nov 12, 1935

Washington D.C.

19. UNDERTAKER Henry W. Isaac & Son

(Address) 600 N. Calvert St.

NOV 11 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1935 to Nov. 10, 1935

I last saw her alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 3:02 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Bladder | about |
| | |
| | |
| | |

Other contributory causes of importance:

Arthritis

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Mayo Harry Guard, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17504

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17504

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Poplar Grove St St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha E. Moreland

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1311 Poplar Grove St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Moreland

6. DATE OF BIRTH (month, day, year) Sept 27, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 1 | 9 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Oct 20, 1935

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carrie Tillman

(Address) 1311 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date [illegible] 11/35 19

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

FILED NOV 11 1935 Hunter Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1935 to Nov 8, 1935

I last saw h[illegible] alive on Nov 8, 1935 Death is said to have occurred on the date stated above, at 6.05 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Right side Hemiplegia | 14 days |
| Other contributory causes of importance: | |
| General Arteriosclerosis | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Tarland M. D.

(Address) 1219 Poplar Grove

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17505

# 17505 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Monroe.

If U. S. Veteran specify WAR

(a) Residence: No. 2654 Barnard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles.

6. DATE OF BIRTH (month, day, year) Sept 22 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 1 | 17/8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (603?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Evans.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 10/12, 1935

19. UNDERTAKER Wm. Cook

(Address) 1214 E. Baltimore St.

NOV 11 1935 Washington, D. C.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1935 to 11/9, 1935

I last saw her alive on 11/9, 1935. Death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pleural effusion following pneumonia (?) | 9/23/35 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17506

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17506

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Montebello Terrace) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie M. Tyson If U. S. Veteran specify WAR No Record

(a) Residence: No. 2806 Montebello Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, ~~Widowed, or Divorced~~ ~~HUSBAND of~~ (or) WIFE of Albert F. Tyson

6. DATE OF BIRTH (month, day, year) Mar 1st 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | 8 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fairview Pa

FATHER

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Axford

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Margaret Klein
(Address) 2806 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 12th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Undertaking Co
NOV 11 1935 Deputy Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to November 9 1935

I last saw h~~er~~ alive on Nov. 8 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | Nov. 7 35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Generalized Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel Legum M. D.
(Address) 1701 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 17507 F 17507

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., V Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Redding

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1916 Alicanna St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | Mulatto | Widowed |

5a. If ~~single~~ widowed, or ~~divorced~~ (or) WIFE of George Redding

6. DATE OF BIRTH (month, day, year) 8/27/~~1859~~ 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 ~~64~~ | 2 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Records BH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 11th 1935

19. UNDERTAKER Wm 1219 Cook St Paul St

(Address)

20. FILED Nov 12 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/25, 1933 to 11/7, 1935

I last saw her alive on 11/7, 1935. Death is said to have occurred on the date stated above, at 5-30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17508

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17508

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Frank Braxton

(a) Residence: No. 125 N. Amity St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME James Braxton
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Braxton
(Address) 1912 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 11 1935

19. UNDERTAKER James A. Stewart & Co
(Address) 142 Mosher St

Huntington Williams Md

20. FILED Nov 9 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1935, to Nov. 8, 1935
I last saw him alive on Nov. 7, 1935 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive cardio-vascular-renal disease | 1933 |
| Uraemic Chronic Nephritis | 1934 |
| Uremia | Oct. 31 |
| Other contributory causes of importance: Cardiac decompensation | Oct 31 |

Was an operation performed? not Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Blood Chem Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 .....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Frank W. Barton M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

30 16 1-9 17509 Miner F 17509

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Miner If U. S. Veteran specify WAR .....

(a) Residence: No. 406 N. Broadway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): —
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, year): 5/a/33 —
7. AGE: Years | Months: 6 | Days: 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Howard Miner
14. BIRTHPLACE (city or town) (State or country): Md —

MOTHER
15. MAIDEN NAME: Mildred Hoffnagle
16. BIRTHPLACE (city or town) (State or country): Md —

17. INFORMANT: Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: London Park Date Nov 11, 1935

19. UNDERTAKER: Chenoweth Son.
(Address) 3615-17 Eastern Ave

FILED NOV 11 1935 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935, to Nov-9, 1935
I last saw him alive on Nov-9, 1935. Death is said to have occurred on the date stated above, at 5:35 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute nutritional disturbance | 11-7-35 |
| heart failure | 11-9-35 |
| | ovw |

Other contributory causes of importance:

| | |
|---|---|
| acute bronchitis | 11-3-35 |

Was an operation performed? NO Date of .....
For what disease or injury? NO
Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robert Ward, M. D.
(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17510 F 17510

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Ashland Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rosenberger

If U. S. Veteran specify WAR

(a) Residence: No. 2012 Ashland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Rosenberger

6. DATE OF BIRTH (month, day, year): Jan 13-1851

7. AGE: Years 84 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0017

12. BIRTHPLACE (city or town) (State or country): Balto City

FATHER

13. NAME: Francis Rosenberger

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ella Geelhaar.

(Address) 2012 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Nov 12th 1935

19. UNDERTAKER: Geo M. Enick Son

(Address) 811 N Wolfe St

20. FILED: NOV 11 1935 Registrar: Hunter for Milton

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935, to Nov 9, 1935

I last saw him alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 28 35 |
| | |
| | |

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Rymer M. D.

(Address) 801 N Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17511

# F 17511 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel E. Garrett.

(a) Residence: No. 805 Peach Alley. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Do not know. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 40 | --- | --- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Rev. W. H. Duffie

(Address) 604 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 11/11/35 19...

19. UNDERTAKER Isaiah L Brown's Son

(Address) 108 W Montgomery St

20. FILED NOV 11 1935 Huntington Williams Registrar 11/8/35

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 a.m. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Abscess. Meningitis. | |
| Empyema. | |

Other contributory causes of importance:

Name of operation Yes. Date of ...

What test confirmed diagnosis autopsy. Was there an autopsy Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify. ...

(Signed) Otto M Steinhardt, M. D. Coroner

(Address) 1017 E. Charles st,

I so certify that, to the best of my knowledge and belief, all the above information is correct and complete. INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17512

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17512

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Jacobs

If U. S. Veteran specify WAR .....

(a) Residence: No. Beaucroft & Pt. Tobacco St., 6503 Park Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Jacobs

6. DATE OF BIRTH (month, day, year) Dec. 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

FATHER

13. NAME Harris Levin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME — Weinstock

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Emil Crocker

(Address) 6503 Park Hgts. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date 11/11/, 1935

19. UNDERTAKER David Hendrickson & Son

(Address) 1902 Eutaw Place

20. FILED NOV 11 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1935 to Nov 10, 1935 19

I last saw h[illegible] alive on Nov 10 1935 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | |
| Cerebral Hemorrhage, left | |
| Hemiplegia, right | |
| Other contributory causes of importance: | |

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David J. Bruder, M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17513

305240

F 17513

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 11-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. 23 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Mobley

If U. S. Veteran specify WAR X

(a) Residence: No. 1032 E Monument St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | — |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-22-33

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | 23 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joey Shavers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lottie Mobley

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 11th 1935

19. UNDERTAKER Mrs. Robert A. Elliot-daughter

(Address) 1129 Harding st.

FILED NOV 11 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935 to Nov 8, 1935

I last saw her alive on Nov 8, 1935. Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis, influenza | 10-16-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar Puncture Date of .....

What test confirmed diagnosis? A Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. R. Kelso, M. D.

(Address) H. H. H., Johns Hopkins Hospital

NOV 11 1935

M. D. B. 1-34

E 17514

F 17514

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Northern Parkway, 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Reichert Jr.

(a) Residence: No. 2922 Northern Parkway St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N-Vitran

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 15/1909

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 26 | 4 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. Greif & Bro.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Reichert Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Josephine Allen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. John Reichert Sr.
(Address) 2922 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Nov 11/35

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Pulaski St

20. FILED Nov 12 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1935, to Nov 8, 1935

I last saw h/m alive on Nov. 7, 1935 Death is said to have occurred on the date stated above, at 3 04 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1931 |

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ..... 19 .....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Louis Pokorny M. D.

(Address) 2200 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 93

F 17515

F 17515

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Charlotte Clawson

If U. S. Veteran specify WAR .....

(a) Residence: No. 918 Eutaw Place St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. H. Clawson

6. DATE OF BIRTH (month, day, year) Jan 18, 1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Woodstown N. J.

FATHER

13. NAME A. J. Hires

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Elizabeth Shinn Clawson

16. BIRTHPLACE (city or town) (State or country) Woodstown N. J.

17. INFORMANT L. P. Clawson

(Address) St Paul apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Date Nov. 11 '35

19. UNDERTAKER Edward Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

Hunting to Phila., Pa.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1935 to Nov 8 1935

I last saw her alive on Nov 3 1935. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebro thrombosis, general & central | unknown |
| Cerebral hypertension | unknown |
| Thrombosis, cerebral | unknown |
| | Oct 26 |

Other contributory causes of importance:

Bronchial pneumonia, Hypostatic (both)

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N C Date of injury ..... 19 .....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas G Hunnell M. D.

(Address) La Fayette Apts.

M. D. B. 1935

F 17516

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17516

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Sargeant St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 9 mos. 28 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie T. Ogden

(a) Residence: No. 1109 Sargeant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13th 1921

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 14 | 9 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leroy Ogden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ina Reinder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ina Ogden

(Address) 1109 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/13/ 1935

19. UNDERTAKER John A. Cowan & Son

(Address) 1901 Eutaw Street

20. FILED NOV 11 1935 Huntington Tillinghast Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/27/35 to 11/10/35

I last saw h[illegible] alive on 11-10-35 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Decompensation | 10-27-35 |
| Rheumatic Heart Disease | |
| Mitral Stenosis | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas J Gilpin M. D.

(Address) 1112 W Lafayette Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

F 17517

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17517

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Springhill St., 15 Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 47 yrs. ... mos. ... ds.

2. FULL NAME Ida Chasen

(a) Residence: No. 2609 Springhill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon

6. DATE OF BIRTH (month, day, year) 1849

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 86 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Elliott

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sophie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dora Hackerman

(Address) 2609 Springhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date 11/11/35 19...

19. UNDERTAKER Jack Levin Inc

(Address) 1437 E. Baltimore St

20. FILED NOV 11 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from October 8th . 1935 to Nov 11 . 19...

I last saw h[illegible] alive on Nov 9 19... Death is said to have occurred on the date stated above, at 12 o'clock A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 7 |
| Hemiplegia | |

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vonya Grabowsky M. D.

(Address) 32 W Garrison Blvd

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17518 F 17518

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 S Powell Ave 46 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Schueler

If U. S. Veteran specify WAR

(a) Residence: No. 442 S Powell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Schueler

6. DATE OF BIRTH (month, day, year) Feb 25 1865

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 70 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0639

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Schallenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mathilda Schiedmeier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gertrude Privatt

(Address) 442 S Powell Ave

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cem Date 11/12/35 19

19. UNDERTAKER Leonard J Pugh

(Address) 1305 Hartford Rd.

20. FILED Huntington Williams, M.D.

NOV 11 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935 to Nov 9, 1935

I last saw h... alive on Nov 7, 1935 Death is said to have occurred on the date stated above, at 8 1/2 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asthma | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cerebral Hemorrhage | 4 yrs. |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Graham A Finch, M. D.

(Address) 6801 Belair Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F S 2

F 17519

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17519

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Heckel Ave. St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Gebhardt

If U. S. Veteran specify WAR

(a) Residence: No. 4204 Heckel Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Gebhardt

6. DATE OF BIRTH (month, day, year) Oct 10 1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 80 | | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William T. Everett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Caroline Sproll

16. BIRTHPLACE (city or town) (State or country) North Caroline

17. INFORMANT Sarah Gebhardt
(Address) 1827 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 12/35

19. UNDERTAKER Lloyd Zentz
(Address) 403 S. Wolfe St.

20. FILED ... 19... Huntington Pittsburgh, Pa.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935 to Nov. 9, 1935

I last saw h... alive on Nov. 9, 1935 Death is said to have occurred on the date stated above, at 3/40 m. pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 11/6/35 |
| Pulmonary Edema | 11/7/35 |

Other contributory causes of importance:
Senility

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Dilthey M. D.

(Address) 432 S. Patterson Pk. Ave.

NOV 11 1935

vs 3

2. BE SURE TO FILL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-3

F 17520

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Cooper

If U. S. Veteran specify WAR

(a) Residence: No. 704 E. Preaton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Clarence G. Cooper

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Genette Tracey

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Clarence G. Cooper

(Address) 704 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cemetery Date Nov 12 1935

19. UNDERTAKER Paul Hartenstein

(Address) 1141 Fremont Ave

20. FILED 19 (Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Intussusception | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation No Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Wellen M. D.

Coroner

(Address) 3757 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 11 1935

M. D. R. 1959

F 17521

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17521

## CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St., 15 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Francis Miller

(a) Residence: No. 3503 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Miller

6. DATE OF BIRTH (month, day, year) Apr 1876

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 59 | 5 | 8 | X |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas. G. Wagner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Barbara Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Miller

(Address) 2806 Pikesville Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/11/35 19

19. UNDERTAKER George J. Ruth Inc

(Address) 1755 Hoffman Ave

20. FILED NOV 11 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935 to Nov 10, 1935

I last saw h alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis of abdomen | 1934? |
| | ovar |

Other contributory causes of importance:

Name of operation Pelvic Abdominal Exploratory Date of 11/9/35

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D Aleaw M. D.

(Address) West Balto Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17522

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17522

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Tivoly Avenue St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah A.Fox Jr.

(a) Residence: No. 2703 Tivoly Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19th, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|
| 21 | 6 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jeremiah Fox

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth K.Manzke

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Jeremiah A.Fox, Jr.(Father)
(Address) 2703 Tivoly Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Nov. 12, 1935

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935 to Nov. 9, 1935

I last saw him alive on Nov. 8, 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 6 mo |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Hartford Rd

NOV 11 1935

Informant for Wife

F 17523

M. H. B. 12M-9-34

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17523

## CERTIFICATE OF DEATH

F 17523

+ 210-M

1. PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur William Knox

(a) Residence: No. Hereford Road, Glen Arm Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 17 1932

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 3 | 6 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

FATHER

13. NAME Charles H Knox

14. BIRTHPLACE (city or town) Balto Co (State or country) Md

MOTHER

15. MAIDEN NAME Catherine E Brubaker

16. BIRTHPLACE (city or town) Balto Co (State or country) Md

17. INFORMANT Chas W Knox

(Address) Glen Arm Md

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem Date Nov 12 1935

19. UNDERTAKER Frederick Ramsburg & Son

(Address) 7401 Belair Road

NOV 11 1935 Filed

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis | 11/8/35 |
| | |
| | |
| | |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 11/8 1935

Where did injury occur? Hospital Road Glen Arm Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Fell & Ran over by Car

Nature of injury Crossing St

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bentz Jr Coroner M. D.

(Address) 107 N Chapel St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F17524 F17524

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. Conkling St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Clinton Beale

If U. S. Veteran specify WAR no

(a) Residence: No. 1100 S. Conkling ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Beale

6. DATE OF BIRTH (month, day, year) November 16, 1890

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 44 45 | 11 | 21 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nickle plater 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME William Martin Beale

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Minnie Pemberoke

16. BIRTHPLACE (city or town) (State or country) not Known

17. INFORMANT Mabel Beale
(Address) 1100 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral cem Date Nov 14, 1935

19. UNDERTAKER George W. Gibbes
(Address) 1737 E. Eager St.

20. FILED Penningtons Nottingham Pgh

NOV 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1935

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1935 to November 10, 1935

I last saw him alive on November 9, 1935. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | abt. 7 months ago |

Other contributory causes of importance:

Cardiac decompensation

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. O. Sellman, M. D.

(Address) Towson Md

INSTRUCTIONS: Physician, Undertaker and Informant should each read carefully the instructions on the back of this certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17525

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17525

## CERTIFICATE OF DEATH

87B

1. PLACE OF DEATH South Baltimore Gen Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Howe Joseph Thurston — If U. S. Veteran specify WAR .....

(a) Residence: No. 316 McElderry St., ..... Ward. (Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Fanton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Penn

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Herman Fanton (Address) 316 McElderry St

18. BURIAL, CREMATION, OR REMOVAL Place Carterwood Date Nov. 17. 1935

19. UNDERTAKER William G. Schaffer (Address) 1866 Monument St

21. FILED NOV 11 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5. 1935. to November 11. 1935

I last saw him alive on November 9 1935 Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cyanosis due to Congenital Heart Lesion | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William A. Wolfe, M. D.

(Address) South Baltimore Hosp.

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17526 F 17526

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Elsinor Ave. St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S. Wyant

If U. S. Veteran specify WAR

(a) Residence: No. 3221 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Fiend

6. DATE OF BIRTH (month, day, year) Aug. 9, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. 1073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward P. Wyant

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Mr. Leo Scharfe

(Address) 3200 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 11/12/35

19. UNDERTAKER Chas. E. Mitchell Sons Inc.

(Address) 1900 Eutaw Place

20. FILED NOV 11 1935, 19 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 19 35 to Nov. 9, 19 35

I last saw him alive on Nov. 9, 19 35 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage - Coma | 1-1-2 days |
| Hypertension | 6 Years |
| Other contributory causes of importance: | |
| Myocarditis | 6 Years |
| Acute Dilatation | 7 Hours |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. S. Wyant, M. D.

(Address) 516 Cathedral St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16 F 17527

F 17527

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X ✓ 106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A Hope.

If U. S. Veteran specify WAR .....

(a) Residence: No. 322 Barney St. St., Wilkes Barre Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | S. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Feb-15-1918

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ... min. |
|---|---|---|---|
| 17 | 8 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Frances Hope.

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Margaret Cadden.

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Frances Hope.

(Address): Wilkes Barre, Penna

18. BURIAL, CREMATION, OR REMOVAL

Place: Wilkes Barre Pa Date: Nov 14/35

19. UNDERTAKER: Stewart & Mowen Company

(Address): 108-W-North Ave.

20. FILED ..... 19 ..... Registrar.

NOV 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1935, to Nov. 11, 1935

I last saw h.m alive on Nov. 11, 1935. Death is said to have occurred on the date stated above, at 11 20 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute cardiac dilatation. | 11/9/35 |
| (Typ. i myocarditis). | |

Other contributory causes of importance:

Undetermined.

Bilateral Bronchitis.

Was an operation performed? Yes Date of 10/24/35.

For what disease or injury? Bilateral Bronchitis.

Name of operation Tracheotomy. Date of 10/24/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mercy Hospital. M. D.

(Address) Wilkes Barre Penna

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1958-9

F 17528

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17528

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W Whiteford (Robert Morgan Whiteford)

(a) Residence: No. 1218 Asquith St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna C. Whiteford

6. DATE OF BIRTH (month, day, year) August 2, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Extract Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

FATHER

13. NAME Samuel M. Whiteford

14. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jane Heaps

16. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

17. INFORMANT Mrs. Anna C. Whiteford
(Address) 1218 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 12 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1004 W. Baltimore St.

20. FILED NOV 12 1935 19 H. Lester Williams M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10 1935

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1935 to November 10, 1935
I last saw him alive on November 10, 1935 Death is said to have occurred on the date stated above, at 5 20 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypertension + arteriosclerosis | |
| 2. Chronic nephritis | |
| 3. Diabetes mellitus | |
| 4. Apoplexy | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. M. Mascarella, M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

THIS CERTIFICATE, WITH ENTRIES IN—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1935

Spec.—1-30—M. & T.—250 Bks.

F 17529

F 17529

# HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

## CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Greenmount Ave. 10 WARD)

2-FULL NAME Thomas Joseph McNiece

(a) RESIDENCE NO. 1109 Greenmount Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes McNiece

6 DATE OF BIRTH (month, day, and year) Nov 3rd 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min. |
|---|---|---|---|---|
| | 70 | | 6 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer 0040

(b) General nature of industry, business, or establishment in which employed (or employer) City Hospital

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph McNiece

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Theresa Knox

(Address) 1630 N Monroe St Huntington Station, N.Y.

15 Filed NOV 12 1935, 19 Registrar

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1935, to Nov 9, 1935, that I last saw him alive on Nov 9, 1935, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 6 da.

CONTRIBUTORY (Secondary) Atheroma. Senility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Fundings ophthalmoscope

(Signed) J. H. MacMurchy, M. D.

, 19 (Address) 1116 Greenmount Ave Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 11/12/1935

20 UNDERTAKER E. J. Fanning

ADDRESS 1 Ave-1936 Lafayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 17530

F 17530

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Strieker St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin H. Brown

(a) Residence: No. 1305 N Strieker St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Brown

6. DATE OF BIRTH (month, day, year) Aug 8-1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year) Oct 15 1935? 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Benjamin H. Brown

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elizabeth McCoy

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Benjamin H Brown

(Address) 1305 N Strieker

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date 11/13 1935

19. UNDERTAKER Thomas E. Felder

(Address) 303 Druidsman St

20. FILED ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1935

22. I HEREBY CERTIFY, That I attended deceased from October 30 1935 to November 10 1935

I last saw h[illegible] alive on November 10 1935. Death is said to have occurred on the date stated above, at 1230 Noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic Cirrhosis | 6 mos |
| | over |
| Other contributory causes of importance: | |
| Diffuse Nephritis | 6 mos |

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) 1209 Preston ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORRECTION

F 17531 F 17531

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospital 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John High

If U. S. Veteran specify WAR

(a) Residence: No. 2105 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Black | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth High

6. DATE OF BIRTH (month, day, year) 5-12-1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 5 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Clem High

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address) Ruth High 2105 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 12, 1935

19. UNDERTAKER George D. Nelson

(Address) 1303 Presstman St

20. FILED Huntington Matthews M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1935 to 11-9, 1935

I last saw him alive on 11-9, 1935 Death is said to have occurred on the date stated above, at 7:55 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid Colon | Autumn |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 4-24-35

For what disease or injury? Carcinoma Sigmoid Colon

Name of operation Colostomy Date of 4-24-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

CORRECTION

M. H. P. 1268-9

F 17532

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17532

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Monterey Ave '23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Gustave Steinke

(a) Residence: No. 1702 Monterey Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ Marie M. Steinke

6. DATE OF BIRTH (month, day, year) Sept 13 - 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 1 | 28 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler-maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Turn Germany.

FATHER

13. NAME Friedrich Steinke

14. BIRTHPLACE (city or town) (State or country) Turn Germany.

MOTHER

15. MAIDEN NAME Augusta Stripling

16. BIRTHPLACE (city or town) (State or country) Turn Germany.

17. INFORMANT Marie M Steinke

(Address) 1702 Monterey Ave.

18. BURIAL, CREMATION, OR REMOVAL

St Pauls. Violet Hills Date 11-13 1935

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave Huntington Hathaway, Md

NOV 12 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 2- 1934 to November 10- 1935

I last saw him alive on November 8- 1935 Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | May 1933. |
| Other contributory causes of importance: none | — |

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17533

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17533

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Diamond

If U. S. Veteran specify WAR

(a) Residence: No. 621 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Draisand

6. DATE OF BIRTH (month, day, year) 10/20/04.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 31 | | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jockey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/26

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

FATHER

13. NAME Matt Diamond.

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Anna Gray.

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMANT Lucille Diamond

(Address) 1133 Pennsylvania ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date Nov 13 1935

19. UNDERTAKER Adolphus Halstead

(Address) 918 Edmondson ave

20. FILED Huntington Williams Jr.

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1935 to 11/9, 1935

I last saw him alive on 11/9, 1935. Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 2 wk |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

F 17534

3060 64

F 17534

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-C-93-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Wells If U. S. Veteran specify WAR .....

(a) Residence: No. 2648 Flora St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Black | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) Nov. 20, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green Md

FATHER

13. NAME Charles Robinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Wells

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green, Md Date Nov 12, 1935

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St.

FILED NOV 12 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935 to Nov 10, 1935

I last saw her alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 2.10 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Luetic aortitis | ? |
| Myocardial failure | 1932 |
| arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw Rowntree M. D.

(Address) The Johns Hopkins Hosp. Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Margaret T. Harline

F 17535 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17535

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Ausgusta St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret T. Harline

If U. S. Veteran specify WAR .....

(a) Residence: No. 1427 Augusta St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Harline

6. DATE OF BIRTH (month, day, year) May 29, 1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Balto Co Md.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Henry Harline Husband
(Address) 1427 Augusta St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cemy Date Nov. 13, 1935

19. UNDERTAKER Elmer H. Conklin
(Address) 24 E. Eager St

NOV 12 1935

Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 1935 to Nov 10th 1935

I last saw her alive on Nov 9th 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Endocarditis | ? |
| | |
| | |
| Other contributory causes of importance: | |
| Acute Dilatation | 1 day |
| Diabetes Mellitus | ? |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hyperglycemia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. M. C. Parker, M. D.

(Address) 1114 Hollins St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

17536 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 17536

## CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Pontiac St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Kate Ford

(a) Residence: No. 537 Pontiac St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11 1934

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 1 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Ford

14. BIRTHPLACE (city or town) (State or country) Southhampton England

MOTHER

15. MAIDEN NAME Theresa E. Coyne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George Ford
(Address) 537 Pontiac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross R.C. Date 11-13-35

19. UNDERTAKER Elizabeth Marle Inc
(Address) 115 S. Howard St. Huntington Williams, N.D.

FILED NOV 12 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8-, 1935, to Nov 11, 1935

I last saw her alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis - Chronic | Aug 35 |

Other contributory causes of importance:

Name of operation Study of urine Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos J McCarty, M. D.

(Address) 37 W. Preston St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 17537

F 17537

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X210-M

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hoffman — If U. S. Veteran specify WAR ...

(a) Residence: No. Chester Ridge - Balto Co St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, (Married), Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Evelyn Hoffman

6. DATE OF BIRTH (month, day, year) March 23-1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 47 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as grinder, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Christopher Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Seddey

16. BIRTHPLACE (city or town) (State or country) U S States

17. INFORMANT Evelyn Hoffman
(Address) Green Spring Valley Balto Co

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 11/12 1935

19. UNDERTAKER Mary A. Gaither
(Address) 2839 Raynor Av

20. FILED NOV 12 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/35 . 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | 11-3-35 |
| Other contributory causes of importance: Pneumonia | 11-9-35 |

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 11-3-1935

Where did injury occur? Falls Road near Brooklandville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public ... Highway

Manner of injury Struck by Automobile while on Highway

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Hubert Bailey Cole M. D.
Coroner

(Address) 614 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 17538

MD. B. 2694

F 17538

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 McCulloh St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George R Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1409 McCulloh St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M Walker

6. DATE OF BIRTH (month, day, year) Jan 10 - 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 59 | 9 | 30 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Milford

FATHER

13. NAME Beverly Walker

14. BIRTHPLACE (city or town) (State or country) Milford Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Jennie M Walker

(Address) 1409 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11-12- 1935

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 1501 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Multiple Fracture Skull | Nov 9 |
| Multiple Fracture of right and left leg & arm | 1935 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 9 1935

Where did injury occur? 1409 McCulloh St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell out of 3rd floor window

Nature of injury Multiple fractures of Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George E. Allen M. D. Coroner

(Address) 501 Cathedral St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

X86

M. D. B. 1268-9

F 17539

# F 17539 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 Brant St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Long

(a) Residence: No. 615 Brant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Long.

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 56 yrs | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Southampton Virginia

FATHER

13. NAME: Abram Wells

14. BIRTHPLACE (city or town) (State or country): Southampton Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Southampton Virginia

17. INFORMANT: Emma Reid

(Address): 615 Brant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pgs Cabarrus Date 11-13 . 1935

19. UNDERTAKER: Pgs Geo. H. Holland

(Address): 1231 Druid Hill Ave

... 19 ... Registrar

Huntington Williams, M.D.

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1935, to Nov 10, 1935.

I last saw her alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | Oct 29 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D. Julian, Jr., M. D.

(Address) 434 E 23rd St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. F. 1968-3

F 17540

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17540

## CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Druid Hill Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley E. Johnson

(a) Residence: No. 1722 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | Col | Divorced |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lula Stanley

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Adam Johnson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Tula Mills

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ernest Johnson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-14 19

19. UNDERTAKER Upton Geo. H. Holland

(Address) 1681 Lanvale

20. FILED Washington Funeral Home

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1932 to Nov 10, 1935.

I last saw him alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis

| Date of onset |
|---|
| ..... |
| ..... |
| ..... |
| ..... |
| ..... |
| ..... |
| ..... |
| ..... |

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Pelletiau M. D.

(Address) 817 Hamilton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17541 F 17541

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Henderson

If U. S. Veteran specify WAR

(a) Residence: No. 428 N. Central Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 23 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Henderson N. C Date 11—12th. 1935

19. UNDERTAKER Bryon Mayfield & Wright

(Address) 1218 Mc Elderry St

20. FILED 19 Registrar

NOV 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11. 6 . 1935 to 11. 10 . 1935

I last saw him alive on 11. 10 . 1935 Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | 11. 7. 35 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Jackson, M. D.

(Address) 600 Edmondson

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 2

F 17542

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17542

## CERTIFICATE OF DEATH

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2939 Westwood ave St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Schmitt

If U. S. Veteran specify WAR

(a) Residence: No. 2939 Westwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 21. 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 2 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis Schmitt

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary A. Nesser

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Louis Schmitt
(Address) 2939 Westwood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Nov. 12, 1935

19. UNDERTAKER Margaret A. Flynn
(Address) 2107 N. Hilton St

20. FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1935 to Nov 11, 1935

I last saw her alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Convulsions | 3 hrs |
| Tetany | 10/16/35 |
| Other contributory causes of importance: Premature Birth | 7 mos |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill, M. D.

(Address) 108 N Fulton Ave

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

F 17543

M. D. F. 268 F 17543

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

32-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Wojciechowski

(a) Residence: No. 257 S. Dunham St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 11, 1925

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 10 | 7 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Wojciechowski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Cieslewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Wojciechowski

(Address) 257 S. Dunham St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Nov. 14, 1935

19. UNDERTAKER J. F. Sadowski & Sons

(Address) 1517 Eastern Ave.

NOV 12 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Miliary Tuberculosis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenthey, M. D. Coroner

(Address) 1918 E. Pratt Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17544

F 17544

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES L CULLEN

If U. S. Veteran specify WAR

(a) Residence: No. 3809 FLEETWOOD AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Cullen

6. DATE OF BIRTH (month, day, year): Sept 15-1879

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56. | 2 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Label-Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Simpson Jewelry

10. Date deceased last worked at this occupation (month, day, year): 10/29/35

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William A Cullen

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth Fleischel

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mary E. Cullen
(Address) 3809 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem Date 11/13/ 1935

19. UNDERTAKER: J. Bozman
(Address) 3802 Baltic St.
Huntington Williams, M.D.

NOV 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1935, to 11-10, 1935

I last saw h[illegible] alive on 11-10, 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| CEREBRAL HEMORRHAGE, | 10-31 |
| PARALITIC ILEUS | 11-3 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. J. Cornbrooks Jr. M. D.

(Address) 1111 Linden Ave Balto Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17545

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17545

## CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Frisby St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Georgia Le Compte

(a) Residence: No. 3006 Frisby St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan 3 - 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 62 | 60 | 10 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Rogers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Edward R. Herold
(Address) 3006 Frisby St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 11/12, 1935

19. UNDERTAKER J. G. Nolan
(Address) 3006 E. Baltimore St.
Huntington Williams, N.D.

20. Filed ..... 19..... Registrar.

V 12 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1935, to Nov. 9, 1935.

I last saw her alive on Nov. 9., 1935. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of uterus | 1934 |
| Intestinal obstruction | Nov. 1935 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Tolcod, M. D.

(Address) 707 E. Fort Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17546

F 17546

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 McHenry St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward C. Lehrer

(a) Residence: No. 1400 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6th, 1881.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 | 4 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Lehrer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Harriet McGinnis

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ella M. Wood
(Address) 1400 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 11/13/35

19. UNDERTAKER Frederick A. Cole
(Address) 1218 W. Lombard St

20. FILED 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Nov 10, 1935

I last saw alive on Nov. 8, 1935. Death is said to have occurred on the date stated above, at 6 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | |
| Cardio renal disease | 1934 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Interstitial nephritis | 6 mos. |
| Chronic myocarditis | 12 mos. |

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edwin Cassing, M. D.

(Address) 190[illegible] W. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORRECTION

Huntington Williams M.D.

M. D. B. 1268-0

✓ F 17547

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17547

## CERTIFICATE OF DEATH

1. PLACE OF DEATH 217 Penn St, 22 Ward 108 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Rock

(a) Residence: No. 217 Penn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 42 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Rock

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jesse Rock
(Address) 217 Penn St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lount Md Date Nov 12, 1935

19. UNDERTAKER 1500 Pt. Resident
(Address) 436 N. Bentalou St

... 19... Huntington Williams, M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 10, 1935

I last saw h... alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Other contributory causes of importance: | |
| Toxemia | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Thompson M. D.

(Address) 501 St. Paul Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 12 1935

F 17548

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital) (Ward) 17

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Anderson

(a) Residence: No. 606 Brune St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Harriet Anderson

6. DATE OF BIRTH (month, day, year) 2-1-1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 9 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/12/35 19

19. UNDERTAKER Mrs. Geo. N. Hatfield
(Address) 1631 Edmondson Ave Huntington Station, Md.

19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1935 to 11-9, 1935

I last saw him alive on 11-9, 1935. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated Gastric Ulcer | 11-2-35 |
| Gas Gangrene Abdominal Wall | 11-4-35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-3-35

For what disease or injury? Perforated Gastric Ulcer

Name of operation Closure of Ulcer Date of 11-3-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1935

M. D. B 1268-9

✓ F 17549

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17549

## CERTIFICATE OF DEATH

178a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2541 Greenmount ave St., 9 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry W. Parr

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2541 Greenmount ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Susan F. Parr

6. DATE OF BIRTH (month, day, year) July 15, 1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 3 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year) Sept 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Jersey City N. J.

FATHER

13. NAME Augustus Parr

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT David L. Parr

(Address) 2541 Greenmount ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Huntington Williams

NOV 12 1935 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The prinripal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning (Illuminating Gas) | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 10 1935

Where did injury occur? Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Coffee pot boiled over turned out gas jet

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 17550

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17550

## CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifford Station. city 18 St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Breslau.

(a) Residence: No. 913 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, HUSBAND of Catherine Breslau.

6. DATE OF BIRTH (month, day, year) June 22-1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 ~~74~~ | 4 | 18 ~~29~~ 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron worker. 079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Breslau.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louise Waters.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Catherine Breslau. (wife)
(Address) 913 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11 12 1935

19. UNDERTAKER Wm Cook & Son
(Address) 1217 W. Fayette St.

20. FILED NOV 12 1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11.49 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |
| Acute dilatation of the heart. | |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis inquiry Was there an autopsy? n

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Otto M. Steinhardt M. D.
Coroner
11/11/35 (Address) 1017 E. Charles st.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17551 F 17551

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcha Galloway.

If U. S. Veteran specify WAR Unknown

(a) Residence: No. 916 N. Dunham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored. | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry.

6. DATE OF BIRTH (month, day, year) 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records B.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov 13, 1935

19. UNDERTAKER Robt F Williams
(Address) 1515 McElderry St

20. FILED Huntington Nov 12 1935 (Registrar)

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1935 to 11/9, 1935

I last saw her alive on 11/9, 1935 Death is said to have occurred on the date stated above, at 6 50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 10-27-35 |
| Bronchopneumonia | Nov. 1935 |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Unknown |
| Carcinoma of cervix | Unknown |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. De Sautelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 17552 ✓ F 17552

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Braddish Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Delia A. Byrne

If U. S. Veteran specify WAR none

(a) Residence: No. 1735 Braddish Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Byrne

6. DATE OF BIRTH (month, day, year) Dec 25, About 1870

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About - 64 | 10 | 16 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Ward

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Agnes Dougherty

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John J. Byrne

(Address) 1735 Braddish ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10 13 1935

19. UNDERTAKER Herman Lemmon

(Address) 761 Park Heights.

20. FILED 1935 Huntington Williams M.D.

OV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935 to Nov 9 1935

I last saw her alive on Nov 8 1935 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes, of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | |
| | |
| | |
| | |
| Other contributory causes of importance: Angina Pectoris | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Sagnetti M. D.

(Address) 1729 W. Lombard St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

F 17553

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17553

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Glynn Oak Ave. St., 28 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME T. Monroe Gilbert

(a) Residence: No. 3905 Glynn Oak Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1879

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 56 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candymaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 42 yr

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

FATHER

13. NAME Thomas Gilbert

14. BIRTHPLACE (city or town) Frederick County (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Cleary

16. BIRTHPLACE (city or town) Frederick Co (State or country) Md

17. INFORMANT Mrs. Adams B. Kirwan
(Address) 3905 Glynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 13 1935

19. UNDERTAKER Earl H. Cook
(Address) 1000 N. Eastern Ave.

20. [illegible] Huntington, West Virginia
Registrar

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1935, to Nov 10, 1935

I last saw h[illegible] alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 8:30P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypostatic pneumonia | about 3 yrs |
| Arteriosclerosis | |
| Other contributory causes of importance: | |
| Coronary occlusion | Sudden |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard Bonnell Ford, M. D.

(Address) 2216 Garrison Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17554 ✓ F 17554

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 767 Washington Blvd St., 21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37yrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John E. Moore

If U. S. Veteran specify WAR

(a) Residence: No. 767 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1894

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 41 | 5 | 18 | 9 hrs. 30 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Co. Md.

FATHER

13. NAME John E. Moore Sr.

14. BIRTHPLACE (city or town) (State or country) Frederick, Co. Md.

MOTHER

15. MAIDEN NAME Rosie C. Burrier

16. BIRTHPLACE (city or town) (State or country) Frederick, Co. Md.

17. INFORMANT Mrs. Rosie C. Moore

(Address) 537 Annabelle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Nov. 15, 1935

19. UNDERTAKER P. Howard Evans

(Address) 1700-02 E. Lombard St.

20. FILED NOV 12 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to Nov. 12, 1935.

I last saw him alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1 year |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Montgomery Long, M. D.

(Address) 729 W. Lexington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 17555

17555

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian White

(a) Residence: No. 2423 Maryland Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Aubrey

6. DATE OF BIRTH (month, day, year): 2/11/12

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 23 | 8 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 10 3/7

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Robert Blayne

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Bertha Sleyer.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records Bett.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov 12 1935

19. UNDERTAKER (Address): Albert W Berry 4402 North Ave

Arlington ~~Baltimore~~ Md

V121935

RFB

### MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year): 11/9/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/23/1935 to 11/9/1935

I last saw her alive on 11/9/1935 Death is said to have occurred on the date stated above, at 5:42 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis lethargica (1) | 10 Days |
| | 30 M |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No.

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Bal City Hosp.

M. D. B 1268-9

F 17556

# F 17556 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Castle St. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Charles Kopp.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1911 N Castle St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | — |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 3. 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Milton Chas Kopp.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Helen Herbel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Milton Kopp

(Address) 1911 N Castle

18. BURIAL, CREMATION, OR REMOVAL

Place Lehmanty Cemetery Date 11/12/35 19

19. UNDERTAKER Bernard G Finke

(Address) 5135 Harford Road.

NOV 12 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Heart~~ Patent foramen Ovale of heart. | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. Northway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 17557 ✓ F 17557

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIV. HOSP. Balto St., MP 25 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME PETER NAGEL

(a) Residence: No. 902 PATAPSCO AVE St., Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MRS ANNE NAGEL

6. DATE OF BIRTH (month, day, year) April 9 1875

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 59 | 7 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 073
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Von Nagel
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Von Bargen
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Nagel
(Address) 902 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 11/12 1935

19. UNDERTAKER Bernard G Feely
(Address) 5135 Harford Road

FILED NOV 12 1935 19— Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1935, to 11-9, 1935.

I last saw him alive on 11-9, 1935. Death is said to have occurred on the date stated above, at 4:25P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| BENIGN PROSTATIC HYPERTROPHY | |
| AND OBSTRUCTION | |
| BRONCHO PNEUMONIA | |

Other contributory causes of importance:

Was an operation performed? YES Date of 10-9-35

For what disease or injury? BENIGN HYP OF PROSTATE

Name of operation SUPERPUBIC PROSTATECTOMY Date of 10-9-35

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. J. Cornbrooks Jr. M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B 1268-9

17558

✓ F 17558

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 210-M

Registered No.....

1. PLACE OF DEATH Union Memorial Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Giuseppi Cecchini If U. S. Veteran specify WAR. W. War

(a) Residence: No. 705 N. Broadway St. Phila Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Italian | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 47 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Jesus Cecchini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Donati

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Burns & Son (Address) Towson Md

18. BURIAL, CREMATION, OR REMOVAL Place National Date NOV 13. 1935

19. UNDERTAKER John Burns & Son (Address) Towson Md.

Filed ..., 19.. Registrar.

12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 9 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 11/7/35 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11/7 1935

Where did injury occur? Driveway Nr Oak Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Walking on Sidewalk of Road

Nature of injury Struck by Automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Burns M. D. Coroner

(Address) 709 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 17559

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17559

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3343 Falls Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No.

2. FULL NAME Caleb J. Penn

(a) Residence: No. 3343 Falls Road St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise O. Penn

6. DATE OF BIRTH (month, day, year) April 24, 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 6 | 17 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME Enoch E. Penn

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Eliza J. Clark

16. BIRTHPLACE (city or town) (State or country) Anne Arundle Co. Md.

17. INFORMANT Mrs. Caleb J. Penn

(Address) 3343 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date Nov. 13, 1935

19. UNDERTAKER R. E. Marshall

(Address) 3539 Falls Road

..... 19 ..... Registrar. Huntington Williams, M.D.

NOV 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to Nov 10, 1935

I last saw h alive on Nov 9, 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ends cardiac & Nephritis | 2 yrs ago. |
| | 6 wks |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

Signed Howard Brownell M. D.

(Address) 846 W 36th St. Balto.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 17560

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17560

## CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5100 Cordelia ave 91 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Celca Levin

(a) Residence: No. 5100 Cordelia ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham F.

6. DATE OF BIRTH (month, day, year): 1877

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 58 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Aaron Sedelefsky

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown Russia

17. INFORMANT: Abraham Levin
(Address) 5100 Cordelia ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date Nov. 13, 1935

19. UNDERTAKER: Sol Levinson & Bros
(Address) 1217 E Balto St

20. FILED NOV 12 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to Nov 11, 1935

I last saw h[illegible] alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary edema | 11/10/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocardial insufficiency | 1932 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frank Levinson, M. D.

(Address) 2305 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 17561

F 17561

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH MARY INES SCAGNETTI. Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? 7 yrs. 3 mos. 12 ds.

2. FULL NAME Mary Inez Scagnetti If U. S. Veteran specify WAR NONE

(a) Residence: No. Rayland, Ohio St., Ward. Rayland-Ohio

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July-30-1928

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 7 | 3 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School-Girl

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Ohio Rayland Ohio

FATHER

13. NAME Joe Scagnetta (deceased)

14. BIRTHPLACE (city or town) (State or country) Europe (Italy)

MOTHER

15. MAIDEN NAME Mary Murzi

16. BIRTHPLACE (city or town) (State or country) Brazil South America

17. INFORMANT Mrs Mary M. Scagnetti (mother)

(Address) Rayland-Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Yorkville Ohio Date Nov 12 35

19. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W North Ave Huntington West Virginia

V 12 1935 , 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935 to Nov. 11, 1935

I last saw h, alive on Nov. 11 1935 Death is said to have occurred on the date stated above, at 5 00 Pm.

The principal cause of death and related causes of importance were as follows:

Fulminating Lobar Pneumonia (Post-Influenza) — Date of onset 11/10/35

Other contributory causes of importance: Congenital Bilateral Bronchiectasis

Was an operation performed? yes Date of 11/9/35.

For what disease or injury? Bronchiectasis.

Name of operation Lobectomy Date of 11/9/35

What test confirmed diagnosis? X Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Major Harry Gruver, M. D.

(Address) Rayland Ohio

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17562 ✓ F 17562

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5902 Bellona Ave St., 27 Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth 56 yrs. 6 mos. 3 ds.

2. FULL NAME Isabelle Telfer Renwick (Isabelle Telfer Renwick)

(a) Residence: No. 902 Bellona Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May-8-1879

7. AGE: Years 56 | Months 6 | Days 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME: Frank Renwick

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME: Agnes Brackenridge

16. BIRTHPLACE (city or town) Washington D.C. (State or country)

17. INFORMANT: Miss Agnes Jessie Renwick (daughter)

(Address) 5902 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Nov 13 19 35

19. UNDERTAKER: Edward Mowbray Co.

(Address) 1018 W. Baltimore

20. DATE: 12 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1935, to Nov 11, 1935

I last saw her alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| cerebral hemorrhage | 1933 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: arteriosclerosis | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G. Era Pollock M. D.

(Address) 1110 N. Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-9

F 17563

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17563

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eaton Ave St., 25 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret C. Shindell (GRINDALL)

(a) Residence: No. Jenkins Memorial Hospt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Albert Shindell

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas McShane

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Reilly

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jenkins Memorial Hospt.
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cath. Cem. Date 11/13, 1935

19. UNDERTAKER John F. Taylor & Son
(Address) 518 Light St.

12 1935 Huntington Pittsburgh ... ar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1935, to 11/11, 1935

I last saw her alive on 11/10, 1935. Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis, generalized & arteriosclerotic Heart disease | ? |
| Bronchopneumonia (hypostatic) | 10/27/35 |

Other contributory causes of importance:
Cerebral arteriosclerosis

Name of operation ~~None~~ Autopsy Date of ~~None~~

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. Whitney M. D.
(Address) 1000 Eaton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 17564

F 17564

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**1. PLACE OF DEATH**

CITY OF BALTIMORE: (No.) Bon Secours Hospital St., (Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Mrs. Lottie Connelly

(a) Residence: No. 1900 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of William E. Connelly

6. DATE OF BIRTH (month, day, year) 11/8/76

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 58 | — | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Reichenbacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Rodomsick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William E. Connelly

(Address) 1900 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 13 1935

19. UNDERTAKER George L. Lehnert

(Address) 2101 Fredrick Ave

20. FILED 12 1935 Huntington Williams Reg. of Rec.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1935 to Nov. 10, 1935

I last saw h.er alive on Nov. 10 1935 Death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinomatosis | |
| | over |

Other contributory causes of importance:

Cachexia

Name of operation Yes Exploratory Laparotomy Date of 11/4/35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo. A. Sedlacek, M. D.

(Address) Bon Secours Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 17565

17565

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 93-P

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas A. Houghton

If U. S. Veteran specify WAR Embalmer

(a) Residence: No. Washington North St., Ward.
(Usual place of abode) Carolina (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | — 6 | — 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. medicines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Thomas A. Houghton

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Susan Sands

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT John C. Sands.
(Address) 8 Maryland Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn N.C. Date 11/12/35 19

19. UNDERTAKER
(Address) J. Bailey & Sons
1318 Light.

12 1985

F. Bailey, M. D.
C. C. P.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1935, to 11-12-, 1935

I last saw him alive on 11-12, 1935. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure | |
| Hypostatic Pneumonia | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. J. Francis Williams Jr. M. D.
(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

17566 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 17566

## CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 6 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma F. Garey

If U. S. Veteran specify War No Record

(a) Residence: No. 203 N. Ellwood Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, ~~or divorced~~ (or) WIFE of Charles H. Garey

6. DATE OF BIRTH (month, day, year) 3-15-1858

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 77 | 7 | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md. A A Co

FATHER

13. NAME ? Saffield

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Adeline Worrington

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 14 1935

19. UNDERTAKER Wm Cook

(Address) 412 E. Fayette St

Huntington Williams, Funeral Director

Registrar.

DEC 12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1935 to 11-11, 1935

I last saw h[illegible] alive on 11-11, 1935 Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | [illegible] |
| Coronary Occlusion | 11-11-35 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

17567 ✓ E 17567

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 118

1. PLACE OF DEATH South Baltimore Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Vannoy Burdsall

If U. S. Veteran specify WAR None

(a) Residence: No. Point Pleasant, N. J. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Burdsall

6. DATE OF BIRTH (month, day, year) December 22, 1862

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Samuel Britton

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Mary Vannote

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Allen H. Van Hise
(Address) Point Pleasant N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Point Pleasant Date 11/12 1935

19. UNDERTAKER Wolleigen Book
(Address) 1217 St. Paul Street
Huntington Williams N.Y.

Registrar.

12 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12 1935

22.* I HEREBY CERTIFY, That I attended deceased from October 19, 1935 to November 12, 1935

I last saw her alive on November 12, 1935 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Stenosis of pylorus
non-Malignant

Date of onset .....

Other contributory causes of importance:

Cardiac failure

Was an operation performed? Yes Date of 10/26 & 11/2

For what disease or injury? Stenosis of pylorus

Name of operation Gastro-Enterostomy Date of 10/26/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .

(Signed) William Durfee, M. D.

(Address) South Baltimore Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 17568

F 17568

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2839 Mayfield ave St., 8 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Eva Catherine Powell
If U. S. Veteran specify WAR
(a) Residence: No. 2839 Mayfield ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Powell

6. DATE OF BIRTH (month, day, year) March 30. 1911

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 24 | 7 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, md

FATHER

13. NAME George W. Deutrich

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Annie Kroetor

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs. Annie Deutrich
(Address) 2839 Mayfield ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov. 14 1935

19. UNDERTAKER Margaret E. Foran
(Address) 2107 N. Hilton ave

20. FILED Nov 13 1935 H. Eugene Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 9. 1935 to Nov 11 1935
I last saw h... alive on Nov 11 1935 Death is said to have occurred on the date stated above, at 1145 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Encephalitis (Pneumococcus) | Nov 9 35 |
| Other contributory causes of importance: Broncho Pneumonia | Nov 11. |

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Rycroft M. D.
(Address) 801 N Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17569

F 17569

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 28 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Kingan

(a) Residence: No. 4006 Eldorado Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 12, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, 6 hrs. or ..... min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Kingan

14. BIRTHPLACE (city or town) (State or country) Goodwill West Virginia

MOTHER

15. MAIDEN NAME Antonia Ho Pecora

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Andrew Kingan
(Address) 4006 Eldorado

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincent. Date 11/13, 1935

19. UNDERTAKER Joseph A. Blair Jr
(Address) [illegible]

20. FILED 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 , 1935

22. I HEREBY CERTIFY, That I attended deceased from November 12 1935 to November 12, 1935

I last saw him alive on November 12 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

The prinripal cause of death and related causes of importanre were as follows:

| | Date of onset |
|---|---|
| Prematurity | 11/12 |
| Atelectasis | 11/12 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank H. Lawton M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

SECTION

F 17570

M. D. F. 1268-9

F 17570

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

96

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Balewicki

(a) Residence: No. 818 S. Ellwood St., ... Ward. ...
(Usual place of abode) Maryland (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Balewicki

6. DATE OF BIRTH (month, day, year) 1868

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 67 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) 14 yrs ago

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Bolewicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Constane Andrzejewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Bolewicki (wife)
(Address) 818 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 11/14 1935

19. UNDERTAKER John Puda
(Address) 425 Aisquith St

Huntington Williams, M.D.
Registrar.

11-13-1935.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1935, to November 11, 1935

I last saw him alive on November 11, 1935. Death is said to have occurred on the date stated above, at 3.44 P.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

1. Anteriosclerosis
2. Aneurysm at femoral artery ruptured. — 3-26-35
3. Infection right thigh — 9-22
Other contributory causes of importance:
1. Cerebral vascular accident (apoplexy) — 11-9-35

Name of operation I & D abscess thigh Date of 11-6-35

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D.M. Macmillan, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 17571

F 17571

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A Bundy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1130 Penna St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1905

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Phila Penna

FATHER

13. NAME Charles Bundy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Tibbs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Barbara Wells

(Address) 1422 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date 11/13/ 1935

19. UNDERTAKER Frances A Hemsley

(Address) 378 W Broadway Huntington W Va

20. FILED NOV 13 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon, and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gunshot wound of Brain | Nov 10 1935 |
| Edema of Hemorrhage Brain | |

Other contributory causes of importance: No

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Nov 10, 1935

Where did injury occur? 1130 Penna Ave Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wound of Brain

Nature of injury Pistol shot

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen Coroner, M. D.

(Address) 50 Augusta Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 17572

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17572

## CERTIFICATE OF DEATH

✓75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Ann St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Jackson Day

(a) Residence: No. 514 S. Ann St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane C Riley

6. DATE OF BIRTH (month, day, year) July 17 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 68 | 3 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barrel Cooperage

10. Date deceased last worked at this occupation (month and year) 15 years ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Asa Day

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Rachel Jane Foxwell

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Mrs. Vida Mobley

(Address) 16 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 11/13/ 1935

19. UNDERTAKER J. Boots Beatty

(Address) 3 Eutaw Place

19a. FILED NOV 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1935

22. I HEREBY CERTIFY, That I took charge of the remains of ... above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acidosis + Starvation | |
| Malnutrition | |
| | |
| | |

Other contributory causes of importance:

Metyl Alcohol poisoning

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright, M. D. Coroner

(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 17573 F 17573

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E. Highfield ave 12 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Teresa Mary Will

(a) Residence: No. 3 E. Highfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Anthony J. Will

6. DATE OF BIRTH (month, day, year): Aug. 29-1881

7. AGE: Years 54 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Louis Gentgraf

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Kuhl

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary A. Gaffney
(Address) 3 E. Highfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Nov 14. 35

19. UNDERTAKER: John A. Mooney
(Address) 3000 E. Pratt St

20. FILED ..... 19..... Registrar.

NOV 13 1935 Huntington Williams R.S.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/10/ , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th - 3 AM. 1935 to Nov 10, 7 P.M. 1935

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 7 30 p. m.

The principal cause of death and related causes of importance were as follows:

Chr. mucous Colitis. +
Chr. diffuse Glomerulo-nephritis
dating back about 8 yrs.

Date of onset

Other contributory causes of importance:

Uremia -

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Hyp Hemoglobinuria Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E N Hayward M. D.

(Address) 1129 N Calvert

OCCUPATION is very important. See instructions on back of certificate.

F 17574

F 17574

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2741 Wilkins Ave. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JEFFERSON D. WANNENWETSCH

(a) Residence: No. 2741 Wilkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary U. Wannenwetsch

6. DATE OF BIRTH (month, day, year) Aug 19 1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Wannenwetsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Reinhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George F. Wannenwetsch

(Address) 2520 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 13-35

19. UNDERTAKER J. B. Hilpert & Son.

(Address) 1300 Eutaw Place

19. FILED 19 Registrar

131935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 Nov. 1935

22. I HEREBY CERTIFY, That I attended deceased from 14 Nov. 1935 to 10 Nov. 1935

I last saw h- alive on 10 Nov 1935. Death is said to have occurred on the date stated above, at 1220 m. 1220 AM

The principal cause of death and related causes of importance were as follows:

Myocardetis — Date of onset before Feb 1935

Heart Block — Feb 1935

Aortic Regurgitation

Other contributory causes of importance:

Coronary thrombosis — Feb 1935

Was an operation performed? yes Date of -

For what disease or injury?

Name of operation yes Date of

What test confirmed diagnosis? Edema Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bruce Hooper M. D.

(Address) 2565 Frederick Ave

F 17575

M. D. B 1268-9

F 17575

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

8?-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Hollins St., 18 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Hodges

(a) Residence: No. 1112 Hollins St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White. | married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ruth Thomas Hodges

6. DATE OF BIRTH (month, day, year) 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Polisher at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Emerson~~ Hotel

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Norfolk
(State or country) Va

FATHER

13. NAME C. H. Hodges

14. BIRTHPLACE (city or town) Norfolk
(State or country) Va

MOTHER

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) Westmoreland
(State or country) County Va

17. INFORMANT Mrs. J. H. Hodges
(Address) 936 Stewart St. Norfolk Va

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 13 1933

19. UNDERTAKER F. E. Gallagher & Son
(Address) 1312 Eutaw Place

20. FILED ~~Arlington Williams~~ Registrar.

~~1935~~ 1933

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Nov 8~~ Nov 8 | 1933 |
| Cerebral Hemorrhage | |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Thos. H. Philbert Coroner, M. D.

(Address) 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 17576

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17576

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Carey St. St., 18 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Dorsey Farnandis

(a) Residence: No. 111 N. Carey St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8/ 1858

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 1 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Walter Farnandis

14. BIRTHPLACE (city or town) Baltp. Md. (State or country)

MOTHER

15. MAIDEN NAME Mary E. Griffith

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Isabel Farnandis
(Address) 111 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Nov. 14. 1935

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place Huntington Williams, Registrar.

NOV 13 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935, to Nov 11, 1935

I last saw her alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11-11-35 |
| | 2 hrs |

Other contributory causes of importance: Hx history of Chronic Nephritis for 9 mo

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed) John H. Evans M. D.

(Address) W. 40th. St.

F 17577

306 173

17577

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

124-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christian Hasselhoff

(a) Residence: No. 2510 E Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-9-1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 10 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Christian Hasselhoff

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma St Oler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 14, 1935

19. UNDERTAKER H. Sander & Sons Inc

(Address) 1710 Fleet St

13 1935, 19 Huntington Williams, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1935, to Nov 10, 1935

I last saw h. alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 1105 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure, cause undetermined | 11/3/35 |
| Acute alcoholic cirrhosis, death in acidosis | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Ladue, Jr., M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

17578 E 17578

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 11-B

Registered No. .....

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Rutland Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kennett Kennedy

(a) Residence: No. 1008 Rutland Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 20, 1915

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 20 | 2 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dover N.C.

FATHER

13. NAME Burrell Kennedy.

14. BIRTHPLACE (city or town) (State or country) Dover N.C.

MOTHER

15. MAIDEN NAME Helen Reed.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Helen Kennedy (Mother)

(Address) 1008 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/13/35

19. UNDERTAKER Robert L. Young

(Address) 804 N. Caroline St.

[illegible] Washington & Williams Sts

NOV 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1935, to 11-10-35, 19....

I last saw him alive on 11-10, 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute nephritis | 11-7-35 |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B. LeCompte, M. D.

(Address) 1104 Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11-260R

F 17579

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17579

131

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Myrtle Ave 17 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Jordan

(a) Residence: No. 1313 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Frederick Jordan

6. DATE OF BIRTH (month, day, year): Sept 20, 1890

7. AGE — Years: 45 | Months: 1 | Days: 9 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Chas H Johnson
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Estella Gates
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles H Lucas
(Address) 1313 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 11/13 1935

19. UNDERTAKER: Robert L. Young
(Address) 804 N. Charles St
Huntington Millward Inc

19a. FILED ... 19... Registrar.

V 13 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1935 to Nov 9, 1935

I last saw her alive on Nov 6, 1935 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral apoplexy | 11/1/35 |
| Other contributory causes of importance: Hypertension, Cardio-vascular Renal disease | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. F. Hoerle M. D.
(Address) 604 W Lanvale Ave

17580 F 17580

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 1 Ballo St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Dodge

(a) Residence: No. 1038 Pennsylvania Ave (?) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?-?-?

| 7. AGE Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|
| 55 yr. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert Dodge

14. BIRTHPLACE (city or town) (State or country) ~~Albert Dodge~~ New York

MOTHER

15. MAIDEN NAME Isabelle Cannon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Ave Date 11/13, 1935

19. UNDERTAKER J. E. Finney Son
(Address) 1218 Light St

NOV 13 1935 ~~Remington Fire Department~~

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1935, to Nov. 9, 1935

I last saw h / ? alive on Nov. 9, 1935 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Bilateral Pulmonary Tuberculosis.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton S. Locker, M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 17581

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17581

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Yetta Schlaffer

(a) Residence: No. 2042 E. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Schlaffer

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Vorkran

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vorkran

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11/13/35

19. UNDERTAKER Jack Levin Sons

(Address) 1434 E. Baltimore St.

Huntington Williams, M.D.

Registrar.

NOV 13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935 to Nov 12, 1935

I last saw her alive on Nov 10, 1935 Death is said to have occurred on the date stated above, at 7:05 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | Nov 7 1935 |
| Hypostatic Congestion, Cardiac Hypertrophy | |
| & Dilatation, Chronic Myocarditis | |
| Chronic Bronchitis, Chronic Nephritis | |

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Kroar, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 17582

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17582

## CERTIFICATE OF DEATH

✓ 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Weil

(a) Residence: No. 944 Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Vender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Weil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Schloss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 11/13/35 19

PLACE

19. UNDERTAKER Jacob Levin Inc

(Address) 1439 E. Baltimore St.

Huntington Williams, N.S.

Registrar.

OV 13 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2-35, 19 to 11-12-35, 19

I last saw h[illegible] alive on 11-12-35, 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Head of Pancreas — Date of onset 2 yrs ago

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard, M. D.

(Address) University Hospital

M. D. B 1268-9

F 17583

F 17583

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 S. Bouldin St., 76 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wiedner

If U. S. Veteran specify WAR.....

(a) Residence: No. 612 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Molly

6. DATE OF BIRTH (month, day, year) May 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broth Packing House

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark New Jersey

FATHER

13. NAME William Wiedner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara Eggers

(Address) 612 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul Date Nov 13, 1935

19. UNDERTAKER Martin H. C. Oppel

(Address) 31 Huntington Ave

NOV 13 1935

....., 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary: chronic myocarditis | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. M. Wright Coroner M. D.

(Address) 1010 S. Belnord Ave

F 17584

306225

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

129

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Tirschman

(a) Residence: No. 4702 Holabird Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-12-35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 4 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Reinhart Tirschman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Magee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sparty Lawn Date Nov 15. 1935

19. UNDERTAKER Martin W. C. Deppe

(Address) 37 [illegible] Pennington Avenue

NOV 13 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1935 to Nov 12, 1935

I last saw him alive on Nov 12, 1935 Death is said to have occurred on the date stated above, at 645 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis, streptococcus ? | 11-7-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Yes Date of 11-10-35

For what disease or injury? Peritonitis

Name of operation Laparotomy Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) M. N. Reese, M. D.

(Address) H. H. Hospital

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17585

17585

## CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Wilcox St St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ellen A. Griffin

(a) Residence: No. 1311 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| White | Female | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Griffin

6. DATE OF BIRTH (month, day, year) May

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 65 | 6 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co., Md.

FATHER

13. NAME Alec Bahn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Annie Monaghan
(Address) 1311 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 14. 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

13 1985 19 (Signature of Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1935 to 11/11 1935

I last saw h alive on 11/10 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | Unknown |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wess M. D.

(Address) 1716 N. Calvert St

17586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17586

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Little Sisters of the Poor St., ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Gourley

(a) Residence: No. 1200 — Valley — St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Walden

6. DATE OF BIRTH (month, day, year) 29 Nov. 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 77 | 77 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Gourley

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Weaven

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) Little Sisters of the Poor-1200 Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 13 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

13 1935 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 November 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Nov 12 1935

I last saw him alive on Nov 8 1935. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Endocarditis | ? |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chr Nephritis | P |
| Arterio Sclerosis | S |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. C. Corbin, M. D.

(Address) 1114 Hartford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17587

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17587

## CERTIFICATE OF DEATH

127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 Hilldale Rd (Ward)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Ann Padgett.

(a) Residence: No. 3301 Hilldale Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John R. Padgett.

6. DATE OF BIRTH (month, day, year): Apr. 5 1866

7. AGE: Years 69 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Thomas A. Watts.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret E. Burgess

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Arthur Padgett

(Address) 4502 Eastland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Nov. 14 1935

19. UNDERTAKER: Wm. H. Keyser Sons

(Address) Forest & Laurel.

20. FILED: NOV 13 1935 Hunter Williams, M.D.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1935 to Nov 11 1935

I last saw h alive on Nov 9 1935 Death is said to have occurred on the date stated above, at 7.45 P m

The principal cause of death and related causes of importance were as follows:

Coronary Embolus — Date of onset 11/11/35

Other contributory causes of importance: Cholecystitis — 11/4/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F. Fahrenbruch M. D.

(Address) 1721 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

17588

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17588

## CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2615 Oswego Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Clay Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 2615 Oswego Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace N. Williams

6. DATE OF BIRTH (month, day, year): Mar. 12, 1868

7. AGE: Years 67 | Months 7 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Jos. S. Williams

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Margaret Kilroys.

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mrs. Grace N. Williams

(Address) 2615 Oswego Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Nov 13 1935

19. UNDERTAKER: Wm. J. Flickinger & Sons

(Address) North & Paca Sts

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 30 years, 19..., to Nov 10, 1935

I last saw him alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 5.55a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Coma | |
| Explanation of | |
| a Terminal of | |
| Pneumonia | |
| Other contributory causes of importance: | |
| Cancer Prostate & | |
| Metastases | |

Was an operation performed? Yes Date of Sept-33

For what disease or injury? Prostatic Hypertrophy

Name of operation Prostatectomy Date of Sept 33

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Barrett Battey M. D.

(Address) 1404 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

1935

M. D. B 1268-9

17589

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17589

## CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frances E. Weaver

If U. S. Veteran specify WAR .....

(a) Residence: No. 629 W. Lexington St. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) March 13, 1931

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 4 | 7 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. L. Weaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida M. Brigerman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Della-Baltes Date Nov. 13, 1935

19. UNDERTAKER Wm. J. Tuckerman Son

(Address) Walbrook & Pulaski

21. Filed V 13 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov. 10, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I & 2 Degree Burns over Body | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 4, 1935

Where did injury occur? 629 W. Lexington St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Playing with Matches

Nature of injury Burns over Body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. E. O'Sullivan, M. D.

Coroner

(Address) 2737 W. North

OCCUPATION is very important. See instructions on back of certificate.

F 17590 ✓ F 17590

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Elsa Terrace St., 13 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John W. Phillips

(a) Residence: No. 4208 Elsa Terrace St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ida V. Phillips

6. DATE OF BIRTH (month, day, year) Jan 28-1865

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins Hosp

10. Date deceased last worked at this occupation (month and year) 5/30

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wesley Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Harriet J. Harper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida V. Phillips

(Address) 4208 Elsa Terrace

18. BURIAL, CREMATION, OR REMOVAL

St. Marys Remadeus Date Nov 15, 1935

19. UNDERTAKER Chenoweth Sons

(Address) 3615-17 Chestnut Ave

[illegible] Washington Blvd

NOV 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Nov 12 1935

I last saw him alive on Nov 11 1935. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Endo- & Myocarditis | 7yrs |
| Chronic Interstitial Nephritis | 4yrs. |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Thorndike Hurd M. D.

(Address) 846 W 36 St.

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—9-30—A & S—250 Bks.

F 17591

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17591

## CERTIFICATE OF DEATH.

137

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 13 WARD)

2. FULL NAME William L. Hare

(a) RESIDENCE NO. 605 W. 33rd ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna T. Hare.

6 DATE OF BIRTH (month, day, and year) Sept 15 1865

| 7 AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 1 | 27 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter.

(b) General nature of industry, business, or establishment in which employed (or employer) House 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Edmund Hare.

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Luther L. Hare. 605 W 33rd St

15 Filed 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12, 1935

17

I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935, to Nov. 12, 1935

that I last saw h[illegible] alive on Nov. 12, 1935

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Prostatic hypertrophy
Pneumonia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal stone

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11-9-35

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J. Howe Moore M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mays Hampden

DATE OF BURIAL Nov 14 19 35

20 UNDERTAKER E. Rhoads & Son

ADDRESS 3615 Chestnut Ave

V 131935

TION is very important. See instructions on back of certificates.

F 17592 ✓ F 17592

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. ..... Ward) 16

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Buenger

(a) Residence: No. B. C. H. St., 228 E. Eager Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Child. |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 11-8-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or 30 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leo Buenger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Wilhelming Boose

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Hosp. Records B. C. H.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 13, 1935

19. UNDERTAKER .....

(Address) .....

..... 19 ..... Registrar.

NOV 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1935 to 11-8, 1935

I last saw h.im alive on 11-8, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Intra-Cranial Injury — Date of onset: Birth

Other contributory causes of importance .....

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Smith M. D.

(Address) Balto. City Hosp.

F 17593

F 17593

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-13

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Bilda

(a) Residence: No. Baltimore City Hospital St., 3305 Fuller St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Child |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Nov. 8, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day ... hrs. or 20 min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Bilda

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 13 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

NOV 13 1935 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1935 to 11-8 1935

I last saw h.e.r. alive on 11-8 1935. Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intra-Cranial injury | Birth |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No case.

Name of operation No case Date of .....

What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Mary Romine Nemmo M. D.

(Address) Baltimore City Hosp

F 17594 F 17594

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal City Hosp. St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Kuttner

If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Bur. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date Nov 15, 1935

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

NOV 13 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/6, 1933 to 11/8, 1935

I last saw him alive on 11/8, 1935 Death is said to have occurred on the date stated above, at 400 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Coronary occlusion (?) | 8 hrs. |
| Arteriosclerosis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Bal City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1289

F 17595

F 17595

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Poppleton St. 21 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen C. McLaughlin

(a) Residence: No. 308 S. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widower |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Margaret L. McLaughlin

6. DATE OF BIRTH (month, day, year) apr 6th 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 1862

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Owen McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Cooney

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. J. McLaughlin
(Address) 308 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date 11/15/ 1935

19. UNDERTAKER John F. Cowan & Son
(Address) 701 Hollins St.

20. FILED 1935 Huntington Hollins

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935, to Nov 12, 1935

that saw him alive on Nov. 12 1935. Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Int. Nephritis | 3 Mo. |

Other contributory causes of importance:

none.

Name of operation none. Date of ...

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos. Watkins, M. D.
(Address) 588 N. Longwood St

OCCUPATION is very important. See instructions on back of certificate.

✓ F 17596

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17596

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N. Dallas St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mable McClure

If U. S. Veteran specify WAR .....

(a) Residence: No. 1211 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — —

6. DATE OF BIRTH (month, day, year) Sept 10-1910

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 24 25 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Rupert McClure

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Bailey

(Address) 1211 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 14 1935

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Fayette St

Huntington Williams, M.D.

NOV 13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to Nov 11, 1935

I last saw her alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| | |
| | |
| | |
| Other contributory causes of importance: Exhaustion | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Alfred Segal, M. D.

(Address) 708 N Broadway

M. D. B 1268-9

17597 E 17597

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 194 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard H. Cramer

(a) Residence: No. Manchester Md St. Rout #1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mrs H. H. Cramer

6. DATE OF BIRTH (month, day, year) Apr 26, 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Cramer

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Susanna Hendel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Son Chas Cramer (Address) Manchester

18. BURIAL, CREMATION, OR REMOVAL Harid Cemetery Pa. Date 11-16 1935

19. UNDERTAKER Jacob Wriks Sons (Address) Manchester Md

20. FILED 19 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1.10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic Rupture of Small bowel | 11/12/35 |

Other contributory causes of importance: Shock & Hemorrhage

Name of operation Exploratory Laparotomy Date of 11/12/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11/12/35 19

Where did injury occur? On farm 5 mi East of Manchester (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on farm

Manner of injury Caught between tongue of plow & falling corn stalks

Nature of injury Ruptured bowel

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fr farming

(Signed) C H Dudderer M. D. Coroner

(Address) Coroner

17598 F 17598

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92a

Registered No. .....

1. PLACE OF DEATH Eutaw Pl. - Wilson St.

CITY OF BALTIMORE: (No. Marlborough Apts. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Guy M. Eytinge

(a) Residence: No. Marlborough Apts. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 10, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 54 | 7 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchandiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses S. Eytinge

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rose Schonfarber

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. A. Ray Katz

(Address) Balto. Trust Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place Ohel Shalom Date Nov. 15 1935

19. UNDERTAKER David Goodstein & Son

(Address) 902 Eutaw Place

20. FILED Nov 13 1935 Huntington Williams M.D.

OCT N

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1935 to Nov. 13 1935

I last saw h... w... alive on 11-13 1935 Death is said to have occurred on the date stated above, at 8.45 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension - 1924.
Arteriosclerosis - Aortic Insuff. - Angina Pectoris 1935

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.

F 17599 ✓ F 17599

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2671 Penna Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no

2. FULL NAME James P. Malone

(a) Residence: No. 2671 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Lewis

6. DATE OF BIRTH (month, day, year) Oct. 15 / 58

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Malone
(Address) 2671 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 14. 1935

19. UNDERTAKER Martin Tabor & Sons
(Address) 1527 N. North Ave.

Huntington Williams M.D.

3 1935 NOV 14

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1935, to Nov. 11, 1935

I last saw him alive on Nov. 11, 1935 Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho pneumonia | Oct. 4, '35 |

Other contributory causes of importance:

Was an operation performed? no Date of none

For what disease or injury? none

Name of operation none Date of none

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

M. D. P. 1268-9

F 17600

17600

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Forney Ave St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 42 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lark Parker

(a) Residence: No. 627 Forney Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Parker

6. DATE OF BIRTH (month, day, year) Oct 14 1845

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 89 | | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Adam Parker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary [illegible]

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence Parker

(Address) 627 Forney

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 14, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

3 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935 to Nov 11, 1935

I last saw h[illegible] alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coma, Pneumonia | Nov 6 1935 |

Other contributory causes of importance:

| | |
|---|---|
| Bronchitis | Oct 28 1935 |

Name of operation ..... Date of .....

What test confirmed diagnosis? None (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John R Cooley, M. D.

(Address) 1417 Eutaw Pl

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1760 F 17601

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1126 Harford Ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alverda Campbell — If U. S. Veteran specify WAR

(a) Residence: No. 1126 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W. | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nelson Campbell

6. DATE OF BIRTH (month, day, year): May 6, 1854

| 7. AGE Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|
| 81 | 5 6 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William Randall

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Howard

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: John Campbell
(Address): 1126 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Nov. 14, 1935

19. UNDERTAKER: A. Hamp Evans
(Address): 1400-02 Edmondson Ave

20. [illegible] Huntington Wilson Registered

13 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-12- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 - 1935 to Nov 12 - 1935

I last saw her alive on Nov 12 - 1935. Death is said to have occurred on the date stated above, at 10-10 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | Nov 12-35 |

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North Ave

Spec.—1-12-23—M&T—500 Blks.

F 17602

F17602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 151-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3618 Ash St St. 13 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Langford

(a) RESIDENCE NO. 3618 Ash. St, St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. — mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M. | W. | S. |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 12, 1935

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min |
|---|---|---|---|---|
| | | | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Arthur C. Langford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bucto, Md.

12 MAIDEN NAME OF MOTHER Dorothy D. Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mother Dorothy Montgomery

(Address) Baltimore Md

15 11/13/1935 16 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 13, 1935.

that I last saw h[illegible]live on Nov 13, 1935

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

7 mo. premature.
"Blue baby"

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Norman Ward, M. D.

11/13, 1935 (Address) 2020 N. Clarke

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. Morland Memorial Park.

DATE OF BURIAL 11/14/1935.

20 UNDERTAKER J. Walter Travis

ADDRESS 3418 Chestnut Ave

M. D. B. 1268-9

F. 17603

F-17603

# HEALTH DEPARTMENT—CITY OF BALTIMORE

Genoa 16

## CERTIFICATE OF DEATH

183 Registered No.

1. PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Foot of Woodall St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., ....Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Do not know. |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Do not know.

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day ....hrs. or ....min. |
|---|---|---|---|---|
| | 60 | ---------- | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Nov 13 1935

19. UNDERTAKER
(Address)

20. FILED Nov 13 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found November 2, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Probably Accidental Drowning.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto W. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

11/12/35

17604

✓ F 17604

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 120

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kaston

(a) Residence: No. 333 Gunnison Ave., Grand Rapids St. Michigan Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Fedor

6. DATE OF BIRTH (month, day, year): November 9, 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watertender 1c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Seaman

10. Date deceased last worked at this occupation (month and year): October 1931

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Haven Conn.

FATHER

13. NAME: Adam Kaston

14. BIRTHPLACE (city or town) (State or country): Hamburg Germany

MOTHER

15. MAIDEN NAME: Rose ?

16. BIRTHPLACE (city or town) (State or country): ? Poland

17. INFORMANT (Address): Records, U.S. Marine Hospital Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Date 11-14-35

19. UNDERTAKER (Address): Wendell E. Humphreys 1201 E. Broadway

DATED 3 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1935 to November 11, 1935

I last saw him alive on November 11, 1935 Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colitis, chronic, ulcerative | 1931 |
| Stricture, recto-sigmoid | 1931 |
| Other contributory causes of importance: | |
| Peritonitis, generalized | 10-14-35 |

Was an operation performed? Yes Date of 10-14-35

For what disease or injury? Colitis

Name of operation Reconstruction of Rectum Date of 10-14

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. H. Anderson M. D.

(Address) U.S. Marine Hospital, Baltimore

M. D. B. 1268-9

(Baumgart) ✓ F 17605

17605

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma M. Baumgart

(a) Residence: No. Raspeburg, Md. Kenleigh Ave Overlea Hills St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph T. Baumgart

6. DATE OF BIRTH (month, day, year) Mch 21 1902

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 33 | 6 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick A. Poole

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Theresa A. Foguel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph T. Baumgart

(Address) Kenleigh Ave Overlea Hills

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/14/35 19

19. UNDERTAKER Harry A. Meitzler

(Address) 4101 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 4. 1935 to November 11 1935

I last saw her alive on November 11. 1935. Death is said to have occurred on the date stated above, at 6:50 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Agranulocytic angina | |
| 2. Ind anaemia | |
| 3. Fraemia | |

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Vasquelles M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Spec.—1-10-21—M&T—1500 Blks.

F 17606 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17606

CERTIFICATE OF DEATH. ✓ 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 E Eager St ST., ... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby (girl) Manner

(a) RESIDENCE NO. 2406 E Eager St ST., St WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX f

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) ✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Nov. 12, 1935

7 AGE Years ... Months ... Days ... If LESS than 1 day, hrs. or 45 min.

8 OCCUPATION OF DECEASED Premature

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. W. Manner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Thelma Souders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Thelma Manner

(Address) 2406 E Eager St

15 11 4 1935, 19 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1935

17 I HEREBY CERTIFY, That I attended deceased from 11/12, 1935, to 11/13, 1935, that I last saw her alive on 11/13/35, 19 , and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

Premature (5½ mos)

Insufficient Vitality 45 min

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL ... 19

20 UNDERTAKER .....

ADDRESS .....

TION is very important See instructions on back of certificates.

M. D. B 1268-9

F 17607

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17607

✓ 189

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water in abandoned ice house

CITY OF BALTIMORE: (No. Battery Ave & York St. St., 22 Ward)

Length of residence in city or town where death occurred 22 yrs. ---- mos. ---- dys. How long in U. S. If of foreign birth? 22 yrs. ---- mos. ---- dys.

2. FULL NAME Demid Siderchuk. or Sidorsky.

(a) Residence: No. 120 Armstead Lane. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | WHITE | Married |

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXX Rena Siderchuk.

6. DATE OF BIRTH (month, day, year) Do not know.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | ---- | ---- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track hand, 2076

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Rena Siderchuk. (wife)

(Address) 120 Armstead Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Cemetery Date Nov. 14. 1935

19. UNDERTAKER John Grethinecker

(Address) 422 S. Paca St

20. FILED 11-14-1935 Huntington Pearce, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing October 29/35 Found November 13/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Drowning. | |
| Probable accidental. | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) Otto M. Reinhardt M. D.

Coroner

11/13/35 (Address) 1017 E. Charles St.

M. D. B 1268-9

F 17608

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17608

## CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 710 N. Bradford St., 7 Ward)

Length of residence in city or town, where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (Specify WAR .....)

2. FULL NAME Matilda M. Reis

(a) Residence: No. 710 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrew Kemmerzell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Neumann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hermine Woodhead

(Address) 710 N Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 15, 193

19. UNDERTAKER John Elliot

(Address) 2008 Eutaw Pl.

20. [illegible] 19 Huntington Pittsburgh, Pa. Registrar

14 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest I find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| A Fall down Steps | |

Other contributory causes of importance: Compound Fracture of Skull

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 11, 1935

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In front of home

Manner of injury Fall down steps

Nature of injury Compound Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

M. D. (Signed) Paul Wheeler, M. D.
Coroner

(Address) 1719 E. North Ave.

F 17609

17609 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Bandorf

(a) Residence: No. Fayette & Patterson Pk Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 7/21/1878

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0824

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME August Bandorf Sr

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cemetery Nov 16 1935

19. UNDERTAKER John Wenrich & Sons

(Address) Huntington Indiana, N. Dak.

19 Registrar

14 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/8, 1935, to 11/11, 1935.

I last saw him alive on 11/11 1935 Death is said to have occurred on the date stated above, at 8 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 2 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp.

F 17610

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17610

## CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Malcolm Beatin

(a) Residence: No. 3300 Schuch St., .....Ward.....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colute | ? |

5a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 76 | 2 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME Malcolm Beatin

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mary Morrow

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hunt Date Nov 15 19 35

19. UNDERTAKER Lolley & Smith
(Address) Huntington Williams, W. Va.

19 Registrar.

14 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1935 to 11-11 1935

I last saw h[illegible] alive on 11-11 1935. Death is said to have occurred on the date stated above, at 1155 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 9-2-35 |
| | |
| | |
| Other contributory causes of importance: Various Ulcers of Legs Chronic | ? |

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson, M. D.

(Address) Balto. City Hospital

F 17611

17611

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2847 Woodbrook Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Keithley

(a) Residence: No. 2847 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara A. Keithley

6. DATE OF BIRTH (month, day, year) Feb 1 1864

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 9 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cars

10. Date deceased last worked at this occupation (month and year) 6/34

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Keithley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Barbara A. Keithley

(Address) 2847 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 14 1935

19. UNDERTAKER Wm J. Luckett & Sons

(Address) Forest & Penna Aves

20. FILED NOV 14 1935 [illegible] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| I. Angina Pectoris | Nov 13th 35 |
| | |
| | |
| | |

Other contributory causes of importance: Cardiovascular disease Indefinite

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw Dieckhoff M. D. Coroner

(Address) Coroner

M. D. 8 1200

17612

E 17612

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4418 Wrenwood Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Harry Coleman Jr.

If U. S. Veteran specify WAR X

(a) Residence: No. 4418 Wrenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) of Elizabeth Coleman

6. DATE OF BIRTH (month, day, year) August 1, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 61 | 3 | 9 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James H. Coleman Sr.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Hannah Dehuest

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elizabeth Coleman

(Address) 4418 Wrenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 11/5/35

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eastern Ave

[redacted] Williams M.D.

Registrar

NOV 14 1935 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1st 19 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carbon Monoxide Poisoning (Illuminating Gas) | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Nov 1, 1935

Where did injury occur? Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Suicide — Illuminating Gas

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B 1268-9

17613 E 17613

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 144-B

1. PLACE OF DEATH On way to Bay View Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary Gamber

If U. S. Veteran specify WAR .....

(a) Residence: No. Seven Knox St., Ward. Severn P.O. Md. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write, the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry N. Gamber

6. DATE OF BIRTH (month, day, year) June 16 - 1906

7. AGE: Years 29 | Months 9 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsville N.C.

FATHER

13. NAME William Crumpler

14. BIRTHPLACE (city or town) (State or country) Wayne Co. N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wayne Co. N.C.

17. INFORMANT Mary M. Mrs. Gamber

(Address) Severn Knox St. Md.

18. BURIAL, CREMATION, OR REMOVAL Church Yard a.a.Cond Date Nov-16. 1935

Place

19. UNDERTAKER From: Information (Address) Severn Funeral Home

20. FILED ..... 19 ..... Registrar.

11 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above, at 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

Last Pulmonary Hemorrhage, Could not be stopped,

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) ..... Coroner . M. D.

(Address) 120 Hanover St.

M. D. B 1268-9

F 17614

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17614

## CERTIFICATE OF DEATH

34-95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 602 E. Pratt St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Unknown

(a) Residence: No. 602 E. Pratt St St., .....Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Unknown |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, .....hrs. or .....min. |
|---|---|---|---|
| 35 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date March 9, 19 35

19. UNDERTAKER [illegible] Funeral Home
(Address)

20. FILED [illegible] 1935 [illegible]
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Cardiac Dilitation | |
| | over |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....If so, specify .....

(Signed) Chas B. Wallace M. D.
Coroner

(Address) 1031 St Paul St

B 5577
B 97615

F 17615

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Zipkin

(a) Residence: No. 2114 May ave St., ..... Ward. Bronx N Y
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-26-33

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 2 1/2 | 6 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Irving Zipkin

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Blanche Goldstein

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New York Date 11/15 1935

19. UNDERTAKER Jos. Levy & Son Inc
(Address) 1435 E. Baltimore St.

NOV 14 1935

Huntington Williams, M.D.
Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1935, to Nov 13, 1935

I last saw him alive on Nov 13, 1935. Death is said to have occurred on the date stated above, at 10 15 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital hydrocephalus | 1934 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? Yes Date of 11/13/35

For what disease or injury?

Name of operation Ventriculostomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

F 17616

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17616

121

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Jessie Kaiser

(a) Residence: No. 318 Allchester Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Mar. 12, 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 55 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (pot)
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Tull
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Sullivan
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Genevieve Ruth Kaiser
(Address) 318 Allchester Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakwood Cem. Date Nov. 15th 1935

19. UNDERTAKER Chas. F. Bauer & Son
(Address) 118 W. Mt. Royal Ave

FILED NOV 14 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1935 to 11-13 1935

I last saw her alive on 11-12 1935 Death is said to have occurred on the date stated above, at 7:50A m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chr. endometritis
Chr. appendicitis
Strang. cervical polyp.
Hydro salpinx - (rt).

Other contributory causes of importance:
Myocarditis

Was an operation performed? Yes Date of 10-7-35

For what disease or injury? .....

Name of operation Panhysterectomy Appendectomy Date of 10-7-35

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John W. Bayne M. D.

(Address) Maryland General Hosp.

F 17617

F 17617

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olga Miller

If U. S. Veteran specify WAR

(a) Residence: No. 831 S. Lakewood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/15/1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 11 | 29 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sorter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Charles Gerlach

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Lauksbal

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Daughter.

(Address)

18. BURIAL, CREMATION, OR REMOVAL First German United Evangelical Cem. Nov. 16. 1935

19. UNDERTAKER Fred. Fialkowski

(Address) 1008 S. Kenwood Ave.

NOV 14 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1935, to 11/13, 1935.

I last saw her alive on 11/13, 1935 Death is said to have occurred on the date stated above, at 1.22 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Pernicious anemia | 5 yr. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

F 17618

F 17618

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Waldhauser

If U. S. Veteran specify WAR

(a) Residence: No. Miami, Florida St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Kennedy

6. DATE OF BIRTH (month, day, year): April 19, 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 6 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Arundel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Michael Waldhauser

14. BIRTHPLACE (city or town) (State or country): -------- Germany

MOTHER

15. MAIDEN NAME: Barbara Furst

16. BIRTHPLACE (city or town) (State or country): ---------- Germany

17. INFORMANT: Mrs. May K. Waldhauser

(Address): Hotel Rennert

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 11/15 35

19. UNDERTAKER: Henry W. Meats Son

(Address): 220 N. Calvert St.

14 1935 . 19 H. Furst Williams, M.D.

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935, to Nov. 11, 1935

I last saw him alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis (Decompensated) | 6 |
| Other contributory causes of importance: Diabetes Mellitus | 1 yr |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation: None Date of

What test confirmed diagnosis? Blood Sugar Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Stafford Rd

F 17619

17619 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

343-95B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hannah Minor

(a) Residence: No. 304 W. Hoffman St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1866

6. DATE OF BIRTH (month, day, year) Sept. 1866.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 ~~55~~ | 7 | | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Daughter.
(Address) 1206 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/13/35

19. UNDERTAKER Mrs. George H. Pollard
(Address) 1218 Druid Hill Ave

4 1935 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/35

22. I HEREBY CERTIFY, That I attended deceased from 7/9/35 to 11/11/35
I last saw her alive on 11/11/35. Death is said to have occurred on the date stated above, at 8:32 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion ? | 3 min |
| Arteriosclerosis | ? |
| Hypertensive Cardiovascular- | ? |
| Other contributory causes of importance: | |
| Kor disease | |

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reeder, M. D.
(Address) Balto City Hosp.

M. D. P. 1268-9

F 17620

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17620

## CERTIFICATE OF DEATH

145-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Mayer

(a) Residence: No. 4609 Ashbury Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John D Mayer

6. DATE OF BIRTH (month, day, year) Sept 21 1904

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 31 | 1 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John J Weaver

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Barbara Hagengast

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT John D Mayer (Address) 4609 Ashbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 16. 1935

19. UNDERTAKER Martin H. E. Deppel (Address) 37 S. Ann St

Huntington Williams, Registrar.

20. FILED NOV 14 1935

## MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) November 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 7 1935. to November 13. 1935.

I last saw her alive on November 13. 1935. Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Term pregnancy | |
| 2. Retained placenta | |
| 3. Peritonitis | |

Other contributory causes of importance: .....

Name of operation Hysterectomy Date of 11-2-35

What test confirmed diagnosis? Gen. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J M Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

OCCUPATION IS VERY important. See that it is given in every case.

M. D. B. 1268-9

F 17621

17621 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 871 Linden ave. Ward 11)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Johnson (Garrett)

(a) Residence: No. 871 Linden ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C. | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Johnson

6. DATE OF BIRTH (month, day, year) Mar 10-1871

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 64 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Garrett

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER

15. MAIDEN NAME Martha Waldon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Thornton

(Address) 871 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/15/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 678 W. Biddle St.

20. Filed NOV 14 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 to Nov 12 1935

I last saw her alive on Nov 12 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis | Oct 1 1935 |
| Acute Pyelitis | Nov |
| Other contributory causes of importance: | |

Name of operation none Date of .....

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George S. Allen M. D.

(Address) 58 Lexington St

17622 ✓ F 17622

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

119

1. PLACE OF DEATH Balto md

CITY OF BALTIMORE: (No. 1011 Edmondson Ave) (St.) (Ward) 7 weeks

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Brogden Breeze

If U. S. Veteran specify WAR .....

(a) Residence: No. 1011 Edmondson Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Negro | infant |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9-25-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 7wks | 1935 | 1 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wayman Breeze

14. BIRTHPLACE (city or town) (State or country) Eastern Shore

MOTHER

15. MAIDEN NAME Gertrude Holmes

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother Gertrude Breeze

(Address) 1011 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemty Date Nov 10 '35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st

Huntington Williams Co

20. FILED NOV 14 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 11-14-, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935, to Nov 14-, 1935

I last saw him alive on 11-14-, 1935. Death is said to have occurred on the date stated above, at 2:10A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 11/13/35 |
| Acute Coryza | |

Other contributory causes of importance:

Gastro-Enteritis

Congenital Coryza

Was an operation performed? No If so, date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Boykin, M. D.

(Address) 1512 Belmont Ave

M. D. B 1268-9

F17623

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F17623

## CERTIFICATE OF DEATH

127

1. PLACE OF DEATH St. Agnes Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles George Dehne If U. S. Veteran specify WAR

(a) Residence: No. 504 Brunswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clementina Dehne

6. DATE OF BIRTH (month, day, year) Oct. 31 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | | 12 | 11 |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C D Kenny Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6yrs

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME August Dehne

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Heide

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clementina Dehne
(Address) 504 Brunswick

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov. 15 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED NOV 14 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis. | 11-12-35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Gall bladder occlusion

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 17624

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17624

## CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2837 Woodbrook Ave. 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Nettie May Leopold

(a) Residence: No. 2837 Woodbrook Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18-1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 2 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Md

FATHER

13. NAME Theophilus Leopold

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Rhodes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. B. Leopold.
(Address) 1420 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov. 16 1935

19. UNDERTAKER Geo. L. Beyer Jr.
(Address) 1512 Pulaski St Huntington Williams, Registrar.

20. FILED 19

14 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935 to Nov 13, 1935

I last saw h[illegible] alive on Nov 13, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 11/3/35 |
| | |
| | |
| Other contributory causes of importance: Myocarditis | 2 yrs |
| Pulmonary Edema | 11/13 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James T. Lizenby M. D.
(Address) 724 Mt. Royal Ave

F 17625

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Brown If U. S. Veteran specify WAR Unknown

(a) Residence: No. 334 Green St., Ward. York Pa
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly

6. DATE OF BIRTH (month, day, year) 11-27-86

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Lorraine Earhart

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Quaker Hill Date Nov 16, 1935

19. UNDERTAKER Parran Wm Cook
(Address) 1317 St Paul St.

4 1935 Filed [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935 to Nov 13, 1935.

I last saw him alive on Nov 13, 1935. Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, malignant | 1935 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Ventricular exploration Date of 11/8/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

RPH

M. D. B 1268-9

F 17626

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17626

## CERTIFICATE OF DEATH

165

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John W. McMehon

(a) Residence: No. 96 Mosher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence McMehan

6. DATE OF BIRTH (month, day, year) Feb. 29, 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 51 | 8 | 12 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0660

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamfitter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Thomas McMehan

14. BIRTHPLACE (city or town) (State or country) Can.

MOTHER

15. MAIDEN NAME Mary Sisey

16. BIRTHPLACE (city or town) (State or country) Can.

17. INFORMANT Florence McMehan

(Address) 96 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL Port Pleasant Cemetery Date 11-15-35

19. UNDERTAKER Harry H. Twitchell

(Address) 401 Edmondson Ave

Huntington Millmans

20. FILED NOV 14 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation by Hanging | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date Nov. 12, 1935

Where did injury occur? N.W. Police Station (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Hung self

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. K. Mullen M. D. Coroner

(Address) 757 a. Howard St.

17627 ✓ F 17627

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Clisham

(a) Residence: No. 5002 Grindon ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Clisham

6. DATE OF BIRTH (month, day, year) Nov. 16, 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 38 | 11 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0.0.6

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Clisham

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Ford

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] 1935
(Place) (Date)

19. UNDERTAKER John C. Miller
(Address) 2433 E. Ellwood St

21. FILED [illegible] 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11 1935 to November 13 1935

I last saw h. im alive on November 13 1935. Death is said to have occurred on the date stated above, at 7.36 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | June 1935 |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Arthur Karlson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 17628

17628

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

H6-C

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. West Balto General Hosp Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sadie Neenan

(a) Residence: No. 112 N. Hare St Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | widowed |

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thomas Neenan

6. DATE OF BIRTH (month, day, year) June 2. 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 5 | 2. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Bertrand

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Mary Marie

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Catherine Kehoe

(Address) 442 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/15 19 35

19. UNDERTAKER Villeage Cook

(Address) 1312 St Paul St

4 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/8/35. 19 to 11/12/35 19

I last saw h alive on 11/12/35 19 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Sigmoid | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Nephritis | 11/11/35 |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George Schaefer M. D.

(Address) West Balto. Gen. Hosp.

Spec.-7-17-26—A Co.—200 Bks.

17629

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17629

## CERTIFICATE OF DEATH

+ 124-a

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Union Memorial Hospital 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Joseph Brown Whitehead

(a) RESIDENCE NO. Hot Springs. Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 ~~Single, Married, Widowed,~~ or ~~Divorced~~, (write the word): Married.

5a If ~~married, widowed,~~ or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1895

7 AGE: Years 39 Months 2 Days 40

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED: None.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chattanooga, Tennessee (State or country)

PARENTS

10 NAME OF FATHER Joseph B. Whitehead

11 BIRTHPLACE OF FATHER (City or town) Alford (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Miss Lettie Pate

13 BIRTHPLACE OF MOTHER (city or town) Bedford (State or country) Virginia

14 Informant G. B. Whitehead (Address) Bellevue Three

15 Filed NOV 14 1935 . 19 Registrar

very important. See instructions on back of certificates.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14 19 35

17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1935, to Nov. 14, 1935, that I last saw him alive on Nov. 14, 1935, and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:

CIRRHOSIS OF LIVER.
HEMORRHAGE FROM ESOPHAGEAL
VARICES

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) UREMIA AND ANEMIA

(duration) — yrs. — mos. 1 day

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood tests.

(Signed) Howard W. Long M. D.

11-14-1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va

Date of Burial: 11/15 19 35

20 UNDERTAKER: D. Gerkin & Sons

ADDRESS: Eutaw & McCulloh

17630 E 17630

# HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3721 Rosetown St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Rev Daniel Wilson

(a) Residence: No. 3721 Rosetown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Wilson
6. DATE OF BIRTH (month, day, year): Sept 23-1859
7. AGE: Years 76 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Min
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M. E. Minister
10. Date deceased last worked at this occupation (month, day, year): 1926
11. Total time (years) spent in this occupation: 37 Yrs

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER
13. NAME: Robert Wilson
14. BIRTHPLACE (city or town) (State or country): Cambridge Md

MOTHER
15. MAIDEN NAME: Francis Marshall
16. BIRTHPLACE (city or town) (State or country): Cambridge Md

17. INFORMANT: Anna W Harris
(Address) Centerville Md

18. BURIAL, CREMATION, REMOVAL: Centerville Cemetery
Place: Centreville Md Date: Nov 16th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

Filed 4 1835 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28th 1935 to Nov 13th 1935
I last saw h. in alive on Nov. 13th 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so specify ...

(Signed) Samuel Hinton M. D.
(Address) 3735 Park Heights Ave

✓ F 17631

17631

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hosp. St. 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Eleanor Carl Fuele

(a) Residence: No. 1600 Mt. Royal Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1907

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 28 | 4 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not working
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Charles Fuele
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Anna McConnell
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Charles Fuele
(Address) 1600 Mt Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 11/16 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

Huntington Williams Funeral Dir.

FILED 14 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1935 to 11-14- 1935
I last saw h.. alive on 11-14- 1935 Death is said to have occured on the date stated above, at 1 50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Rheumatic Cardiovascular Disease | 9 years ago |
| | |
| | |
| Other contributory causes of importance: Congestive Heart Failure | 4 mos ago |

Was an operation performed? no. Date of .....
For what disease or injury? .....
Name of opecation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to extecnal causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injucy ..... 19.....
Where did injury occuc? .....
(Specify city or town, county, and State)
Specify whethec injucy occucred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Waghelstein M. D.
(Address) 16 Mercy Hosp.

305-796
17632

F 17632

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Strohan

If U. S. Veteran specify WAR No Record

(a) Residence: No. 403 E Park Heights Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary E. Strohan

6. DATE OF BIRTH (month, day, year) 2/9/72

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 63 | 8 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 11/25

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (City or town) Balto (State or country) Maryland

FATHER

13. NAME David Strohan

14. BIRTHPLACE (City or town) Balto (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Krach

16. BIRTHPLACE ~~Germany~~ (State or country) Germany

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Nov 16 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

DATE RECEIVED 14 1935 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1935 to Nov. 14, 1935

I last saw him alive on Nov. 14, 1935. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Bladder | |
| Chronic Pyelonephritis (Acute) | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. B. Sheppard M. D.

(Address) .....

17633

F 17633

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

100

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Park Ave. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Barbara Holzwart

(a) Residence: No. 512 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Holzwart

6. DATE OF BIRTH (month, day, year) Jan. 29. 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 9 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER FATHER

13. NAME Jacob Eder

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

15. MAIDEN NAME Barbara Geist

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT John Holzwart
(Address) 512 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Nov. 15. 1935

19. UNDERTAKER Mr. & Mrs. John H. Deufel & Son
(Address) 801 & 811 Fayette St.

14 1935 Fayette St. Williamsport Pa.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1935 to Nov 13 1935

I last saw her alive on Nov 13 1935 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Nephritis Chronic | Nov 11 |

Other contributory causes of importance:

Thrombosis & Arthritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Date of

What test confirmed diagnosis? Physical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Kuhn M. D.

(Address) Williamsport Md

17634

F 17634

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

149-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Bertina Corbett Freeman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1004 N. Carey St. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander

6. DATE OF BIRTH (month, day, year) April 2, 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 7 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Corbett

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Martha E. Smith

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Alexander Freeman

(Address) 1004 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Nov 17, 1935

19. UNDERTAKER Tom W. Chase & Son

(Address) 638 N. Gilmor

20. Filed 15 1935 Attest for Williams M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest findings that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pregnancy — Prolonged Labor | |

Other contributory causes of importance:

Shock following Caesarean Operation

Was an operation performed? Yes Date of Nov. 13-35

For what disease or injury? Pregnancy

Name of operation Caesarean Date of Nov 13-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Titus Chandler M. D.

Coroner

(Address) 1919 E. Fort Ave

M. D. B 1268-9

Weyrauch ✓ F 17635

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17635

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Thurmont St., 15 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Bertha H. Weyrauch

(a) Residence: No. 1905 Thurmont St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Weyrauch

6. DATE OF BIRTH (month, day, year) Nov. 16, 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Friedrich Schuster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gesine Bodchus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles E. Weyrauch

(Address) 1905 Thurmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/16, 1935

19. UNDERTAKER William E. Cole

(Address) 1214 Gilmor St. Hemming for Williams

Registrar. 19

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ,, (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

| Date of onset |
|---|
| Cerebral Hemorrhage |

Other contributory causes of importance: Arteriosclerosis Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Haven Coroner, M. D.

(Address) 115 Haven Ave

Form 1142

DEC 13 1935

M. D. B 1268-9

Money ✓ F 17636

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17636

## CERTIFICATE OF DEATH

92-a

Registered No. 5-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 N. Monroe St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Thomas J. Money

(a) Residence: No. 1621 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julia Money

6. DATE OF BIRTH (month, day, year): Feb. 15. 1859

7. AGE: Years: 75 | Months: 11 | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Wisconsin

FATHER

13. NAME: James Money

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Judget Shine

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Wm A Money 2312 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Calvary Date 11/16 1935

19. UNDERTAKER (Address): The Cook Funeral Home 1217 E. Lanvale St.

Huntington Williams, Registrar.

20. FILED 15 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. found 2-3 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Valvular heart disease | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. J. Hamman, M. D. Coroner

(Address) 2-45 Hamman

F 17637 ✓ F 17637

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Rachael Smith
(a) Residence: No. 311 Lennox St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 3-4-1878
7. AGE: Years 57; Months 8; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER
13. NAME: Henry Smith
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Sallie ?
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn, Towson Date Nov. 15, 1935

19. UNDERTAKER: Wm. C. Brooks & Son
(Address) Towson, Md.

20. FILED 19 Nov 15 1935 for Wallace M. Lanahan Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1933 to 11-14, 1935
I last saw her alive on 11-14, 1935 Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Partial Intestinal Obstruction due to adhesions | 10-22-35 |
| Other contributory causes of importance: Bronchopneumonia | 11-12-35 |

Was an operation performed? Yes Date of 10/29/35
For what disease or injury? Partial Intestinal Obstruction
Name of operation Release of adhesions Date of 10/29/35
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did Injury occur?
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Carlson M. D.
(Address) Balto. City Hospital

17638 F 17638

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1901 Chelsea Road St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas D. Crook,

(a) Residence: No. 1901 Chelsea Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Crook,

6. DATE OF BIRTH (month, day, year) November 30. 1854

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 11 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Livery Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 20 Years Ago

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

FATHER

13. NAME Richard Crook,

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

MOTHER

15. MAIDEN NAME Matilda Dean,

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

17. INFORMANT Mrs Mary S Clagg
(Address) 1901 Chelsea Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date NOV 16 1935

19. UNDERTAKER Harry W. Ehlen
(Address) 1944 W. North Ave.

NOV 15 1935 19 Registered

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1935 to Nov 13 1935

I last saw h[illegible] alive on Nov 13 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial, Acute Dilatation of Heart | |
| Other contributory causes of importance: General Arterio Sclerosis | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John S. Gutrauf M. D.

(Address) 1219 Eutaw Place

F 17639

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17639

## CERTIFICATE OF DEATH

341-108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Sorrentino

(a) Residence: No. 2425 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Genna Sorrentino

6. DATE OF BIRTH (month, day, year) 3/19/1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 54 | 5 7 | 0 13 | XXX |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit vender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Petro Sorrentino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Cristone

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Mrs. Rose Sorrentino Wife

(Address) 2425 E Chase street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/16/35

19. UNDERTAKER George J. Curtis & Son

(Address) 1735 Harford Ave

20. FILED NOV 15 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1935 to 11/12, 1935

That I saw h[illegible] alive on 11/12 1935 Death is said to have occurred on the date stated above, at 10.07 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — 3 days

Cerebral hemorrhage (?) — 3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

17640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 17640

## CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Aiken Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Kelly Lynch

(a) Residence: No. 1833 Aiken Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Lynch

6. DATE OF BIRTH (month, day, year) Aug. 10th, 1867.

| 7. AGE Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|
| 68 | 3 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary M. Cain (Daughter)

(Address) 1833 Aiken Street

18. BURIAL, CREMATION, OR REMOVAL

Place Hickory Md. Date Nov. 16, 1935

19. UNDERTAKER Geo. J. Ruth Son

(Address) 1230 W. Lafayette Ave

NOV 15 1935

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935 to November 13, 1935

I last saw her alive on November 12, 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | 6 mo |
| Uterine Hemorrhage | 6 mo |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. A. Stevens, M. D.

(Address) 2878 Harford Rd

17641 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 17641

## CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 N Potomac St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilbur LeRoy Patchet

If U. S. Veteran specify WAR

(a) Residence: No. 1211 N Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 7 1896

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | 1 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year) 3 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Patchet

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sadie M Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sadie Patchet
(Address) 1211 N. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Nov 16 1935

19. UNDERTAKER J. Melville Jenkins
(Address) 1735 Harford Ave.

Huntington Williams M.D.
Registrar

21. FILED NOV 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1935 to Nov 13 1935

I last saw him alive on Nov 13 1935 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Nov 13 |
| Other contributory causes of importance: Cardiac Failure | Nov 13 |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md

Spec.—1-30—M. & T.—250 Bks

2030 Wilkins ave. ✓

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17642

F 17642

## CERTIFICATE OF DEATH.

93-D

REGISTERED NO.

1-PLACE OF DEATH — 3631 Twenty Hts. ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 15 WARD)

2-FULL NAME Sarah Booze

(a) RESIDENCE NO. 3631 Twenty Hts ave ST.; ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... da.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Widowed |

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 11/29/1869

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 65 | 67 | 11 | 14 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) .....
(State or country) Calvert Co. Md.

10 NAME OF FATHER Samuel West

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Sarah West

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Calvert Co. Md.

Informant Charles Mason

(Address) 3631 Twenty Hts. ave.

Filed ..... 19 ..... Registrar .....

Huntington Millwork, Inc.

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/13/35

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Nov. 13, 1935, that I last saw her alive on Nov. 13, 1935, and that death occurred, on the date stated above, at 6:00 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 1 yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. 1 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Cemetery

DATE OF BURIAL Nov 15 1935

20 UNDERTAKER Walter B Mayse

ADDRESS Henry

F 17643

17643

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Piplin

(a) Residence: No. 11 N. Luzerne ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-12-35

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. 45 min. |
|---|---|---|---|---|
| | | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Piplin

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Strempeck

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Nov 15 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 201 E. Baltimore St

Huntington Williams

Registrar.

NOV 15 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1935 to 11-13 1935

I last saw her alive on 11-13 1935 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 11-12-35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What was confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R B Jones M. D.

(Address) Baltimore City Hospitals

F 17644

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17644

## CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 338 S. Bouldin St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME August J. Heckman
If U. S. Veteran specify WAR .....

(a) Residence: No. 338 S. Bouldin St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed or divorced
HUSBAND of ~~WIFE~~ Nettie Heckman

6. DATE OF BIRTH (month, day, year) Sept-12-1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 52 | 2 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer & Shipper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. F. A. Davis

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Sebastian Heckman
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Rosina Kreuh
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nettie Heckman
(Address) 338 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov. 16

19. UNDERTAKER J. A. Rogan
(Address) 1200 E. Baltimore St.

20. FILED NOV 15 1935, 19 ..... Huntington Wilkerson, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/35

22. I HEREBY CERTIFY, That I attended deceased from August 23 1935 to Nov. 13 1935
I last saw h. alive on Nov. 11 1935 Death is said to have occurred on the date stated above, at 2.05 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | 1 1/2 yrs |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date March 2-35
For what disease or injury Carcinoma - Gastro-Enterostomy
Name of operation Gastro-Enterostomy Date of 3-2-35
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.
(Address) 26 Cathedral St.

F 17645

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17645

## CERTIFICATE OF DEATH

✓ 139-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Sypakowski

(a) Residence: No. 1622 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Sypakowski

6. DATE OF BIRTH (month, day, year) 11-25-1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Walter Sowa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov. 16 1935

19. UNDERTAKER Williams Funeral Home
(Address) 1618 Eastern Ave

DEC 13 1935 Huntington Williams, M.D.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1935 to 11-14 1935

I last saw her alive on 11-14 1935 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Retroversion - Uterus | |
| Acute Surgical Shock | 11-12 35 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-9-35

For what disease or injury?

Name of operation? Suspension of Uterus Date of 11-9-35
Hysterohaphy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

F 17646

17646 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 153-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3050 Abell avenue 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Delahay

(a) Residence: No. 3050 Abell Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob N. Delahay

6. DATE OF BIRTH (month, day, year) 1/11/1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 10 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John M. Todd

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Williamina Elliott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. N. Delahay

(Address) 3050 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/16, 1935

19. UNDERTAKER John J. Fahey Son

(Address) 1318 Light St

20. FILED 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1935.

I HEREBY CERTIFY, That I attended deceased from January 12, 1935 to November 13, 1935

I last saw her alive on November 13, 1935 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Papillary carcinoma of the Posterior wall of the urinary Bladder | not Known. |
| Other contributory causes of importance: metastasis in the regional lymph nodes | not Known. |

Name of operation none Date of

What test confirmed diagnosis Cystoscopic examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. Edward Norris M. D.

(Address) 107 East West St.

305-21-17647

F 17647

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harold LaRegne

(a) Residence: No. 342 Knight St. St., ..... Ward Dallas Texas
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/17/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 30 | 9 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0850

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Nov 15 1935

19. UNDERTAKER .....
(Address) .....

20. FILED DEC 1935 [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16. 1935 to Nov. 12 1935

I last saw him alive on Nov. 12 1935. Death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myeloid Leucemia | 1917 |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood exam. Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph F. Haslett, Jr. M. D.

(Address) Johns Hopkins Hospital

F 17648

F 17648

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 157-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charlotte Waites

(a) Residence: No. 1079 W Saratoga St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 1 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Waites

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lulu Washington

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov 13 1935

19. UNDERTAKER .....
(Address)

20. Filed NOV 13 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1935, to November 8, 1935

I last saw h.e alive on November 8, 1935 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aspiration Asphyxia | |
| Other contributory causes of importance: Pyloric Stenosis | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Howard A. Kelly, M. D.

(Address) University Hosp.

Foujeannaire

17649 E 17649

# 17649 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Hinperman

(a) Residence: No. 341 E 21st St. St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/27/35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George L. Hinperman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lorena Kuhn

16. BIRTHPLACE (city or town) (State or country) Hollidaysburg Pennsylvania

17. INFORMANT George L. Hinperman (Address) 341 E 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov 15 1935

19. UNDERTAKER .....

(Address) .....

20. FILED NOV 15 1935, 19..... Registrar.

J. C. [illegible] Baltimore, Md.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1935 to November 13, 1935

I last saw him alive on November 12, 1935 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia - bronchopneumonia (aspiration) | Nov 12 |

Other contributory causes of importance:

Prematurity

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Edward Cotter, M. D.

(Address) University Hosp.

F 17650

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17650

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 E Madison St St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Sherwood

(a) Residence: No. 936 E Madison St St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Widowed |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Willie Sherwood

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| appro 57 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Phoebie Murphy
(Address) 936 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov. 15 1935

19. UNDERTAKER Robert F. Williams
(Address) 1515 Harford Ave Huntington Williams Co

20. FILED NOV 15 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1935 to Nov 13, 1935

I last saw h.. alive on Nov 12, 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Nov 11 1935

Other contributory causes of importance: Myocarditis, Nephritis and Arteriosclerosis — Date of onset Oct 1935

over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) R. Young M. D.

(Address) 1429 E Monument St

F 17651

17651 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 E. Monument St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Marshall

(a) Residence: No. 1525 E. Monument St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | Colored | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theardo Marshall

6. DATE OF BIRTH (month, day, year) 1915-11-25

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 20 | 11 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bugle Laundry

10. Date deceased last worked at this occupation (month and year) 9/35

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Brunlick Co Va

FATHER

13. NAME James Gains

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Lone

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen Gains
(Address) 1525 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 11-16th, 1935

19. UNDERTAKER Dyson & Mamie W. Wright
(Address) 218 N. Calvery St

20. FILED ..... Registrar.

D 1835

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-11-, 1935, to 11-12-, 1935

I last saw her alive on 11-12-, 1935. Death is said to have occurred on the date stated above, at 4,30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-pneumonia | Unknown |

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) M. H. Ganzell, M. D.

(Address) 616 N. Carolina

17652 F 17652

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Newton

(a) Residence: No. 106 S. Callandar St., Ward. Surrey
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Divorced |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie.

6. DATE OF BIRTH (month, day, year) 3/15/1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 | 29/28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joseph Newton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Geneva

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Day 11/15 1935

19. UNDERTAKER J. M. Cook
(Address) 1217 E. Fayette St.

15 1935 M. Reg.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/21 1935 to 11/13 1935

I last saw him alive on 11/13 1935 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 1 day |
| Cerebral thrombosis | 1 mo. |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

17653 F 17653

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Weaver Ave St., 27 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME SARAH W. INGHAM

(a) Residence: No. 3105 Weaver Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Howard M. Ingham

6. DATE OF BIRTH (month, day, year) Feb. 16, 1842

| 7. AGE Years | Months | Days 27 | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 93 | 8 | 23 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keene New Hampshire

FATHER

13. NAME Woodward Ingham

14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER

15. MAIDEN NAME Mary Grove

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Mrs. Leslie H. Ingham
(Address) 3105 Weaver Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 1935

19. UNDERTAKER F. B. Wippert & Son
(Address) 1300 EUTAW PLACE.

20. FILED 1935 19 L. M. Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Nov 13 1935

I last saw her alive on Nov 12 1935 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senile Arteriosclerosis | 1925 |
| | |
| | |
| | |
| | |

Other contributory causes of importance

Senility yrs.

Was an operation performed? ... Date of ...

For what disease or injury? none.

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? nos Date of injury ... 19...

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? Nos If so, specify ...

(Signed) L. L. Gordy M. D.

(Address) Hospital Rd 5106

F 17654

F 17654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

Registered No. ✓23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Carroll (Emma McDonald)

If U. S. Veteran specify WAR

(a) Residence: No. 1241 Jefferson st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29, 1907

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 28 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Morris Carroll

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sara MacDonald

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Nov 16, 1935

19. UNDERTAKER Eager Free

(Address) 639 Hemlock St

20. FILED NOV 15 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12 1935

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1935, to November 12, 1935

I last saw her alive on November 12, 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Unknown |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karlquin M. D.

(Address) Baltimore City Hospitals

F 17655

17655

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Linden Ave. St., 14 Ward)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Abbett Stone

(a) Residence: No. 1415 Linden Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 78 | 9 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James H. Stone

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Susan Orndorf

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilha E. Dockrill
(Address) 1415 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem Date Nov. 16, 1935

19. UNDERTAKER John O'Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED NOV 15 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1930 to Nov 14 . 1935
I last saw her alive on Nov 14 . 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis - Endocarditis | 1930 |
| Other contributory causes of importance: very marked arterio sclerosis | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, ..... (Signed) H. E. Stebbins M. D.

(Address) 1403 Park Ave.

M. D. B 1268-9

F 17656

7656

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John J. Eagen

(a) Residence: No. 3 E. Eastend Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eagen

6. DATE OF BIRTH (month, day, year) Oct 15 1883

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 52 | 1 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Signal Clerk 1032

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Michael Eagen

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Eagen
(Address) 3 E. Eastend Av

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/18 1935

19. UNDERTAKER Morgan & Flynn
(Address) 1422 Eutaw St.

FILED 1935 Hunter for Wise. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19.....

I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Cardio Vas. Renal Disease | |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Wm B. Wallace M. D.
Coroner

(Address) 1031 St. Paul St

over

17657 F 17657

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willie Alexander

(a) Residence: No. 102 Blake Street St., ..... Ward.

(Usual place of abode) Salisbury, Md. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ario Alexander

6. DATE OF BIRTH (month, day, year) April 30, 1912

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 23 | 6 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tampa Florida

FATHER

13. NAME John Alexander

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Rosalie Montgomery

16. BIRTHPLACE (city or town) (State or country) Tampa Florida

17. INFORMANT H. Jo - Ario Alexander

(Address) 102 Blake St., Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Powellton Cem Salisbury Date Nov 16 1935

19. UNDERTAKER James F. Stewart Salisbury Ford

(Address) Huntington, Williamson, W. Va.

20. FILED 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1935 to Nov 14, 1935

I last saw him alive on Nov 14, 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Meningococcus meningitis — Date of onset Nov 7

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr. M. D.

(Address) Sydenham Hospital

M. D. B 1268-9

7658

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F-17658

94-a

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 N. West St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 ~~69~~ yrs. 8 mos. 30 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Louise Meinschein. No War Record

(a) Residence: No. 205 N. West St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow. |

6a. If ~~married, widowed, or divorced~~ (or) WIFE of John Meinschein.

7. DATE OF BIRTH (month, day, year) February 14, 1876

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 59 ~~69~~ | 8 | 30 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Becker.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie Rahley.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Grace E. Becker. (sisterinlaw)

(Address) 205 N. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 16 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris. | |
| Obstruction of the Coronary Arteries. | |

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Reinhardt M. D.

Coroner

11/13/35 (Address) 1017 St. Charles St.

17659 E 17659

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony B Pugh

(a) Residence: No. 1929 Ridgehill Ave St., 1710 Warwick Ave

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9th 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| | 2 MO | 6 Days | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Blaine Pugh

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Dorothy Richardson

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

17. INFORMANT Mrs Blaine Pugh

(Address) 1710 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/16, 1935

19. UNDERTAKER Wm H Coty

(Address) 1217 E Baltimore St

20. FILED 11/18/1935 Huntington Willmore Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935, to Nov 15, 1935

I last saw him alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Peritonitis | Nov 13 1935 |

Other contributory causes of importance:

Pyloric stenosis

Exhaustion

Was an operation performed? yes Date of Nov 6, 1935

For what disease or injury? Pyloric stenosis

Name of operation Ramstedt's Date of Nov 6, 35

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edmund Bradley, M. D.

(Address) 5543 York Rd

E 17660

17660

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., V Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reynolds N. Jones

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2628 E. Lombard St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B.

6. DATE OF BIRTH (month, day, year) 2/26/1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 75 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prod. Oil Co

10. Date deceased last worked at this occupation (month and year) Mar 1924

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) York Co, Pa.

FATHER

13. NAME Jacob Jones

14. BIRTHPLACE (city or town) (State or country) York Co, Pa

MOTHER

15. MAIDEN NAME Susie Newman

16. BIRTHPLACE (city or town) (State or country) Boonsboro, Md

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hill Md 11/18 1935

19. UNDERTAKER Wm Conly
(Address) 1214 St Paul St

6 1935 Huntington Williams, M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/9 1935 to 11/15 1935

I last saw him alive on 11/15 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 5 days |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

F 17661

17661

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hospital (St.) ..... (Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bettie Quarles

(a) Residence: No. 1508 Vine St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | colored | married |

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of William Quarles

6. DATE OF BIRTH (month, day, year) 1877

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 58 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saunders

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Middlesex Co, Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Middlesex Co, Va

17. INFORMANT Husband

(Address) 1508 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Nov 17th 1935

19. UNDERTAKER Joseph A Sigler

(Address) 1619 W. Mount Street

16 1935 Huntington Williams, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1935 to Nov. 14 1935

I last saw her alive on Nov. 13 1935 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac decompensation | |
| Hypertension | |
| | |
| | |
| Other contributory causes of importance: | |
| Myocardial degeneration | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Waller Stevenson M. D.

(Address) 1606 Eutaw Place

O.K. - Paul Schreiber, M.D. Coroner

17662

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17662

V 186-a

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James E. Jackson

(a) Residence: No. 1200 Valley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | single |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 15 Dec. 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 84 83 | 10 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Kincaird

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr. (Address) Little Sisters of the Poor-1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov. 15, 1935

19. UNDERTAKER Ritz Wusdefeld (Address) 914 Greenmount Ave Huntington Williams, Registrar

20. FILED 4 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 November, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935, to Nov 14 1935, I last saw him alive on Nov 13 1935. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr Endocarditis | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Fracture left femur | 1 Day |
| Arteriosclerosis | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/13/ 1935

Where did injury occur? Auto City. Ind (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Little Sisters of the Poor

Manner of injury Fall on floor

Nature of injury Fracture femur left thigh.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. M. C. Clarke, M. D.

(Address) 111 S. Harford

F 17663

M. D. P. 1268-9

7663

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert L. Henry Jr.

(a) Residence: No. 1513 North Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1917

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 18 | 6 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Albert L. Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Albert L. Henry
(Address) 1513 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 18, 1935

19. UNDERTAKER Ritz Wiedefeld
(Address) 9 E. Preston St.

20. FILED 6 1935 Huntington Williams Registr.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1935 to November 14, 1935
I last saw him alive on November 14 1935 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Acute appendicitis | |
| 2. Peritonitis | |
| 3. Pneumonia | |

Other contributory causes of importance:

Name of operation Appendectomy Date of 11-12-35

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Magruder, M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. B 1268-9

F 17664

17664

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospl St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? 75 yrs. 11 mos. 21 ds.

2. FULL NAME Annie Mary Brummer
if U. S. Veteran specify WAR NONE

(a) Residence: No. St James Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Nov-24-1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 21/20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME C. Henry Brummer
14. BIRTHPLACE (city or town) Bremen
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bittmar
16. BIRTHPLACE (city or town) Bremen
(State or country) Germany

17. INFORMANT T. Elizabeth Lucius (Niece)
(Address) 107 Upnor Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov 16 1935

19. UNDERTAKER Stewart Mortuary Co.
(Address) 1084 W Pratt Ave.

16 1935 Hamilton Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pulmonary Oedema | Nov 13th |
| Arthritis Deformans | Years |

Other contributory causes of importance:
Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Richardson, Coroner, M. D.
(Address) Lazaire

Spec.—7-17-26—A Co.—200 Bks.

F 17665

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

B 17665

REGISTERED NO. ____

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Edward Breckinridge Lowndes

(a) RESIDENCE NO. Elkridge P.O. Howard Co St. ____ Ward 2nd.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Imogene

6 DATE OF BIRTH (month, day, and year) Oct 10 1879

| 7 AGE | Years | Months | Days | IF LESS than 1 day ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 56 | 1 | 4 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City

(State or country)

PARENTS

10 NAME OF FATHER Chas. O. Lowndes

11 BIRTHPLACE OF FATHER (City or town) Richmond

(State or country) Va

12 MAIDEN NAME OF MOTHER Virginia Pinckney

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Chas. O. Lowndes, Jr. Executor

(Address) Ellicott City, Md.

15 NOV 18 1935 19 ____ Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1935

17 I HEREBY CERTIFY, That I attended deceased from May 5 1935 to Nov 14 1935

that I last saw h. im alive on Nov 14 1935

and that death occurred, on the date stated above, at 8:02 P. M.

The CAUSE OF DEATH* was as follows:

Emphysema, bilateral

over

(duration) ____ yrs. ____ mos. 7 da.

CONTRIBUTORY (Secondary) Lung abscess, bilateral

(duration) ____ yrs. 6 mos. ____ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes (5) Date of 1. 8-3-35 2. 8-16-35 3. 8-22-35 4. 9-5-35 5. 9-11-35

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) L. Leggett Lecky, M. D.

Nov 14 1935 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

Date of Burial 11-16-19

20 UNDERTAKER Henry W. Jenkins & Sons

ADDRESS Orchard & Calhoun

Very important. See instructions on back of certificate.

Spec. 6-9-19 H. P. Co.—1000 Blks.

F 17666

17666

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

✓ 81

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4210 Springdale Ave ST.: 24 WARD)

2-FULL NAME Charles. V. W. Schmidt

(a) RESIDENCE. NO. 4210 Springdale Ave ST., 15 WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lela Bell Schmidt

6 DATE OF BIRTH (month, day, and year) Mar 27 1876

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or ..... min. |
|---|---|---|---|---|
| | 59 | 7 | 24 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. F. & G. Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Charles J. P. Schmidt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Goetz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Lela Bell Schmidt
(Address) 4210 Springdale Ave.

15 Filed ..... 19 ..... Registrar

16 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 ..... 19 35 to Nov 15 ..... 19 35, that I last saw h ~~im~~ alive on Nov 15 ..... 19 35, and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Spinal sclerosis

..... (duration) ..... yrs. 11 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Charles L Warner M. D.

19 (Address) 3312 Eggleston Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Forrand Funeral | Nov 18th 19 |

20 UNDERTAKER Stewart & Semmes ADDRESS 108 W. Mt.

17667 ✓ F 17667

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Luzerne Ave. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret M. Staab

(a) Residence: No. 623 N. Luzerne ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Staab

6. DATE OF BIRTH (month, day, year) June 28, 1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 4 | 17 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Hormann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunegunda Gumpleman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT L. Staab. (Husband)

(Address) 623 N. Luzerne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 19 1935

19. UNDERTAKER Lilly & Zeilenhofer

(Address) 4 [illegible] Ave

20. FILED 19 Registrar.

Nb 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935 to November 15, 1935

I last saw her alive on Nov 14, 1935. Death is said to have occurred on the date stated above, at 10 10 am pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation Decompensated | 10 mo |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? No Date of

For what disease or injury? x

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. J. a Stevens, M. D.

(Address) 2878 Harford Rd

Spec—12-23-21—E.B.R.S.—400 Bks.

F 17668

17668

# HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

## CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2828 E Chase St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Pellinghaus

(a) Residence No. 2828 E Chase St., Ward. Germany

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-~~Single~~ Married, ~~Widowed or Divorced~~, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Jan 8 1870~~

6-DATE OF BIRTH (month, day and year) Jan 8 1870

7-AGE. 65 yrs. 10 mos. 7 ds.

If LESS than 1 day, ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Germany

PARENTS.

10-NAME OF FATHER Joe Kratz

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Regina Scheidt

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14-(Informant) Frank Pellinghaus

(Address) 2825 E Chase St

15-Filed Nov 16 1935, 19?

Registrar.

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov 15 35

17- I HEREBY CERTIFY, That I attended deceased from Nov 8 19 35 to Nov 15 19 35

that I last saw her alive on Nov 15 19 35

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) J. S. Harding M. D

19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa. DATE OF BURIAL. Nov 16, 1935

20-UNDERTAKER. John Ulrich ADDRESS 2108 Orleans

M. D. P. 1268-9

Harpler

F 17669

7669

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

H6-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Church Home & Infirmary St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Harple

(a) Residence: No. 41 Sorrel St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Harple

6. DATE OF BIRTH (month, day, year) Mar 11 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 76 | 6 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pennsylvania

FATHER

13. NAME John Harple

14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pennsylvania

MOTHER

15. MAIDEN NAME Mary Shaffer

16. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pennsylvania

17. INFORMANT Mrs. Annie Harple

(Address) 41 Sorrel St.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Nov. 18, 1935

19. UNDERTAKER Church Home Undertaking Dept

(Address) 2100 Eutaw Place

FILED ... 19 ... Registrar.

NOV 16 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1935, to Nov. 15, 1935. I last saw him alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 8 55/60 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus — Date of onset March 35 (?)

Other contributory causes of importance:

Pneumothorax left, 9/6/35

Bronchitis 10/10/35

Name of operation: Construction Esophageal fistula. Date of Nov 15, 35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carlton N. Adams, M. D.

(Address) Church Home & Hosp.

17670 ✓ F 17670

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Will Kage - alias Charles Jackson

(a) Residence: No. 814 N. Eden St. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Bl | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Kage

6. DATE OF BIRTH (month, day, year) 1890

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Houston Texas

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie Kage

(Address) 520 N. Caroy St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Nov 16, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Stricker St

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Nov 12, 1935

I last saw him alive on Nov 12, 1935 Death is said to have occurred on the date stated above, at 12:20 PM m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cellulitis of neck | 11-9-35 |
| Cryal intubation | 11-12-35 |
| Anesthesia | |
| Respiratory Failure | 11-12-35 |
| Other contributory causes of importance: | |
| Arterio-sclerotic cardio vascular renal disease | 1935 |

Was an operation performed? Yes Date of 11-12-35

For what disease or injury? Cellulitis of neck

Name of operation, Incision Date of 11-12-35

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) F. S. Dickey, M. D.

(Address) University Hospital

Spec.—1-12-23—M&T—500 Blks.

17671

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17671

## CERTIFICATE OF DEATH.

48

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 W 31st ST. 12 WARD)

2-FULL NAME Mary B. Allen.

(a) RESIDENCE NO. 309 W. 31st ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | white | married |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hoover B. Allen.

6 DATE OF BIRTH (month, day, and year) April 2 1889

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min. |
|---|---|---|---|---|
| | 46 | 7 | 14 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hoover B. Allen.
(Address) 309 W 31st St

15 Filed 6 1935, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1935

17 I HEREBY CERTIFY, That I attended deceased from April, 19 35, to Nov 16, 19 35,

that I last saw h... alive on Nov 15, 19 35

and that death occurred, on the date stated above, at 7 45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Hurdstock, M. D.

, 19 (Address) 2201 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park.

DATE OF BURIAL Nov 18, 19 35

20 UNDERTAKER Ehrenwerth Son

ADDRESS 3615 Eastern Ave

M. D. P. 1268-9

17672 F 17672

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Chesley Ave. St., 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELEANOR NOLAN BEALL

(a) Residence: No. 3101 Chesley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olin W. Beall

6. DATE OF BIRTH (month, day, year) May 5th. 1893.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 6 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Nolan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Louise Seibold

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Olin W. Beall
(Address) 3101 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Nov. 18th. 35

19. UNDERTAKER Chas. E. Evans & Son
(Address) 115 N. Eutaw St.

20. FILED Nov 18 1935 Standing for William [illegible] Registrar.

RPH

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15th. 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935 to November 15 1935
I last saw her alive on November 11 1935 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis & Hypertension | 1931 |
| Uremia | Nov 9 1935 |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. O. Edmunds M. D.

(Address) 2746 Alameda Blvd.

M. D. B 1268-9

17673

✓ F 17673

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Boleslaus Sydlowski

(a) Residence: No. 36 E Duncan St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Separated |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 17 - 1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 10 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cut & Trim

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Sydlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Wieczorek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Sydlowski

(Address) 36 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 18 1935

19. UNDERTAKER J. John M. Dehey

(Address) 401 N. Charles St

20. Nov 16 1935 Harry Hoffman Registrar

# 1935

# NFT

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |
| Contusion & Crushed Chest | |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following; Accident, suicide, or homicide? Acc Date of injury 11-14 1935

Where did injury occur? 2320 Boston St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto truck

Nature of injury Crushing chest

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Gurley Auto M. D. Coroner

(Address) .....

M. D. P. 1268-9

✓ F 17674

7674

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 46-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Latham

(a) Residence: No. Leonardtown, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah M Latham

6. DATE OF BIRTH (month, day, year) March 4, 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 74 | 8 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardtown St. Marys Co Md

FATHER

13. NAME Childs Latham

14. BIRTHPLACE (city or town) (State or country) Leonardtown St. Marys Co Md

MOTHER

15. MAIDEN NAME P. Thompson

16. BIRTHPLACE (city or town) (State or country) Leonardtown St. Marys Co. Md.

17. INFORMANT Lillian A. Gray

(Address) 6 Clements St Marys Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Oak Date 11-16 ..., 1935

19. UNDERTAKER James T. Ryan Inc

(Address) 2424 Pa ave SE Wash DC

20. FILED 6 1935 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 1935

22. I HEREBY CERTIFY, That I attended deceased from November 8 1935 to November 16 1935

I last saw him alive on November 16 1935 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Chronic myocarditis | |
| 3. Ind anaelpnia | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma of stomach? | |

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 17675

F 17675

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. B & O R.R. Track - Nr Wentz 170 RR Yard St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rudolph Leidner

(a) Residence: No. unknown St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 12 - 1905

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 29 | 10 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Reserve Army Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wis.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Barbara Schwarzbauer

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT W. E. Lepore
(Address) U.S. Vet. Adm

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 11/16 1935

19. UNDERTAKER Henry O Wilkes
(Address) 1401 Edmondson Ave

20. FILED NOV 16 1935 Thurlington for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by | |
| being cut in two | |
| pieces by B & O train | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos H Phelps M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B 1268-9

F 17676

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17676

## CERTIFICATE OF DEATH

94-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 E. Chase St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 3 yrs. mos. ds.

2. FULL NAME Francesco Rocca

If U. S. Veteran specify WAR

(a) Residence: No. 717 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Rocca

6. DATE OF BIRTH (month, day, year) Nov. 14 1876

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alcamo (State or country) Italy

FATHER

13. NAME Angelo Rocca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Giuseppina Fazio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Emma Rocca
(Address) 717 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 18 1935

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

20. FILED Nov 16 1935, 19 Huntington Williams, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenby M. D.
Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

F 17677

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17677

24

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Mills

(a) Residence: No. 1915 Soph St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Mills

6. DATE OF BIRTH (month, day, year) Unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 50 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snowhill Md.

13. NAME Theador Mills

14. BIRTHPLACE (city or town) (State or country) Snowhill Md.

15. MAIDEN NAME unnone

16. BIRTHPLACE (city or town) (State or country) Snowhill Md.

17. INFORMANT George Mills (Son)

(Address) 1103 Edmonson Ave.

18. BURIAL, CREMATION, OR REMOVAL Date Nov 16th 1935

Place Mt Calvary Cem.

19. UNDERTAKER Elmer A. Wilson

(Address) 1100 Pennsylvania Ave.

FILED NOV 16 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained — — autopsy — find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis (Tuberculosis) | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address) 1010 S. Ellwood Ave

M. D. B. 1268-9

17678

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17678

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Evans

(a) Residence: No. 1718 Ashland Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colred | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willie Ann

6. DATE OF BIRTH (month, day, year) Jan 1 87

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 10 11 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenville North Carolina

13. NAME Arden Evans

14. BIRTHPLACE (city or town) (State or country) Greenville N. C

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Greenville N. C.

17. INFORMANT Ollie B. Daughtry

(Address) 1718 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov. 16 1935

19. UNDERTAKER Robert E. Williams

(Address) 1515 Mc Culloh St

Huntington W. Va.

FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arterial hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wright Coroner M. D.

(Address) 101 S. Ellwood Ave

17679 F 17679

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

153

1. PLACE OF DEATH Lydenham Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ann Leahy — If U. S. Veteran specify WAR .....

(a) Residence: No. 735 S. Paca St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | | 16 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Stephen Leahy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Treaser

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Father

(Address) 735 S. Paca Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 11/16 , 19

19. UNDERTAKER Edward Walter

(Address) 628 West Fayette

20. FILED NOV 16 1935 Huntington Wilson Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935, to Nov 15, 1935

I last saw her alive on Nov. 15, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bullous impetigo. | Nov 2 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stifler Jr., M. D.

(Address) Lydenham Hospital,

A&Co. 5-31 250B

17680 F 17680

# HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

## CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Belair Rd St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Joseph Fischer

(a) Residence: No. 4808 Belair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Pahr.

6. DATE OF BIRTH (month, day, year) Jan 13th 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 69 | 10 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Francis Phil

16. BIRTHPLACE (city or town) (State or country) Balt. Md

17. INFORMANT Mrs. Agnes M. Fischer
(Address) 4808 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/18/35 19

19. UNDERTAKER Geo. Whitehorn
(Address) 2503 Edmondson Ave

20. FILED NOV 16 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15th. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935, to Nov 15, 1935
I last saw him alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sarcoma (melanotic) | June 1935 |
| (Liver) | |

Other contributory causes of importance

Name of operation Removal Date of June 5/35

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H S Hardesty, M. D.
(Address) 4810 Belair Rd.

F 17681

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17681

× 51-F

## CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Duthie

(a) Residence: No. Clarksburg W. Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora A. Guthrie

7. DATE OF BIRTH (month, day, year) Aug 27 - 1857

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 2 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME Wm Duthie

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME — Forbes

16. BIRTHPLACE (city or town) (State or country) Forbes Scotland

17. INFORMANT Robert W. Duthie

(Address) Clarksburg W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Clarksburg W. Va. Date Nov 16 1935

19. UNDERTAKER Folk Whitehill & Son

(Address) 1905 Eutaw St

20. FILED NOV 16 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from November 11 1935 to November 16 1935

I last saw him alive on November 16 1935. Death is said to have occurred on the date stated above, at 4 28 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma penis | 11-1-34 |
| Other contributory causes of importance: | |
| Hypostatic pneumonia | 11-14-35 |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. Healy, M. D.

(Address) St. Agnes Hospital

F 17682 F 17682

306084

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Bowman

(a) Residence: No. Bethesda St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace A. Bowman

DATE OF BIRTH (month, day, year) 7-15-1899

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 36 | 4 | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME John Bowman

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Myra Beatty

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Front Royal Va Date Nov 18, 1935

19. UNDERTAKER Robt. Mitchell Sons

(Address) 1900 Eastern Ave Baltimore, Md

FILED NOV 16 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935, to Nov 15, 1935

last saw h.im alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 12.45 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Brain tumor, malignant | 1928 |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/8/35

For what disease or injury?

Name of operation Left craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

M. D. B 1268-9

F 17683

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17683

## CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH John Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR ...

2. FULL NAME John Brown

(a) Residence: No. 734 N Wolfe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) ? ? 1880

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | ? | ? | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Wilkes City, Kansas

FATHER

13. NAME Jon Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jul Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Brown 734 N Wolfe St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 11-18- 1935

19. UNDERTAKER Byron Manning & Wright

(Address) 215 N Calvery St

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/35, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide?) Accident Date of injury 11/15, 1935

Where did injury occur? 5 E Monument St Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How injury occurred Struck by Impact while Pushing a Cart on E. Monument St

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Thomas Gentry Clerk M. D.

Coroner

(Address) 907 N Charles

17684 ✓ F 17684

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa P. Hall

(a) Residence: No. 115 North East Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 25 - 1857

7. AGE: Years 77; Months 11; Days 21; If LESS than 1 day, ....hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jos Henry Hall

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

15. MAIDEN NAME Mary E Marsh

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Mrs Mary E. Mills 115 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov 18 1935

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St

20. FILED Nov 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1926 to Nov 16 1935

I last saw her alive on Nov 16 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 7 |
| Cardiac Insufficiency | |
| Diabetes | 7 |
| | |
| Other contributory causes of importance: | |
| Senile dementia | 1925 |

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) Mount Hope Retreat

17 1935

17685 ✓ F 17685

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Shettle

If U. S. Veteran specify WAR No Record

(a) Residence: No. 919 E. 30th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 4/10/1873

7. AGE: Years 62; Months 7; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Daniel Shettle

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary Stoddard.

16. BIRTHPLACE (City or town) (State or country): Boston Mass.

17. INFORMANT (Address): Records B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Nov 18th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul st

20. FILED: NOV 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1935 to 11/15 1935

I last saw her alive on 11/15 1935 Death is said to have occurred on the date stated above, at 11.35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial insufficiency | 7 mo. |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reis M. D.

(Address) Balto City Hosp

AACo. 5-31 250B

17686 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17686

95-B

## CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 725 E. 21st St ..... St., 9 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 1yr ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ..... Jacob Philip Hodes .....

(a) Residence: No. 725 E. 21st St ..... St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. (Kullmann)

6. DATE OF BIRTH (month, day, year) Nov 22/1849

7. AGE — Years: 85 | Months: 11 | Days: 25 | If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Wood Turner

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20+

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Hodes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frederica ?????

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma E. Hodes (wife)
(Address) 725 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 15 1935

19. UNDERTAKER Geo. H. Cook
(Address) 1003 N. Eutaw St

20. FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to date, 19...

I last saw h im alive on June, 1935. death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Failure | 11/16/35 |
| Cardiac Hypertrophy | ? yrs |
| | |
| | |
| | |

(Other contributory causes of importance:

| | |
|---|---|
| General Arteriosclerosis | ???? |
| Senility | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Owens, M. D.

(Address) 508 E. Monument

M. D. B. 1268-9

F 17687

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17687

## CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Salem St., 13 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E Brown

(a) Residence: No. 250 + Salem St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brown

6. DATE OF BIRTH (month, day, year) July 12-1887

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 48 | 4 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ft A, Co Md

MOTHER FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) (State or country) A A Co Md

15. MAIDEN NAME Elizabeth Neil

16. BIRTHPLACE (city or town) (State or country) A a Co Md

17. INFORMANT Martha Brown
(Address) A A Co Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11-14th. 1935

19. UNDERTAKER Bryant & James H. Wright
(Address) 1218 Mc Calderyst

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of Onset |
|---|---|
| Acute hypercardiotis | Oct 25 1935 |

Other contributory causes of importance:

none

Was an operation performed? none Date of .....

For what disease or injury? none

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

None If so, specify .....

(Signed) George L. Dellinger, M. D.
Coroner

(Address) 50 + Augusta St

F 17688

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17688

## CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Aisquith St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily J. Weems

(a) Residence: No. 824 Aisquith St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| F | Colored | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1917 Sept.

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 18 | 1 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Balto Co. Md

13. NAME Thomas Weems

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thomas Taylor
(Address) 837 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem. Date 11-17- 1935

19. UNDERTAKER Bysow & Manier W. Wright
(Address) 928 Eldersleet St

FILED 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1935 to 11-14 1935

I last saw h[illegible] alive on 11-14 1935. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | 11/1/35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) James R. Blake M. D.

(Address) 924 Aisquith St

17689 F 17689

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-6

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 13 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvia Smallen

(a) Residence: No. 2036 E. Fayette St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married. |

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alix.

6. DATE OF BIRTH (month, day, year) 1871

| 7. AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 63. | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Samuel Wilmas

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Esra ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Herring Run Date 11/18/35

19. UNDERTAKER Jack Louis Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 ..... 19 35 to Nov. 16 ..... 19 35

I last saw her alive on Nov. 16 ..... 19 35 Death is said to have occurred on the date stated above, at 6 15P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Occlusion | 11-9-35 |
| Bronchopneumonia | 11-9-35 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Mnnner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. G. de Santelle M. D.

(Address) Baltimore City Hospitals.

17690 F 17690

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Mollie Rosenberg

(a) Residence: No. 3600 Cottage Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Rosenberg

DATE OF BIRTH (month, day, year) April 16, 1879

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 57 ~~62~~ | 6 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Buchalf

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esaa ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 11/19/35

19. UNDERTAKER Jos. Levi Sons

(Address) 1743 E. Baltimore St.

20. FILED

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to Nov. 15, 1935

I last saw her alive on Nov. 15, 1935. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary thrombosis | |
| acute Cholelithiasis | |
| acute Cholecystitis | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David L. Brody, M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9

F 17691

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17691

## CERTIFICATE OF DEATH

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Infirmary St. Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Clara Louise O'Brien

(a) Residence: No. 526 N. Eutaw St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) April 11, 1863

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 7 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. gen'l tenant.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Frances Fish

16. BIRTHPLACE (city or town) (State or country) Fishburg

17. INFORMANT Miss Hattie Hewitt

(Address) 1607 E. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Date 11/12, 1935

Place Baltimore Cemetery

19. UNDERTAKER J. J. Feaby & Son

(Address) 918 Lexington St

20. FILED ..., 19... ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, ... find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probable Coronary embolism | Oct 25 |

Other contributory causes of importance: Fracture left femur

Was an operation performed? ... Date of ...

For what disease or injury? ... Date of ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury Oct 25, 1935.

Where did injury occur? Sea Light Market

Specify whether injury occurred in industry, in home, or in public place Balto Md

Manner of injury Slipped on banana peel

Nature of injury Fractured left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 10 S. Howard St Coroner

Spec.—1-30—M. & T.—250 Blks

Rufus Bullock.

F 17692

F 17692

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Broadway ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rufus Bullock

(a) RESIDENCE NO. 913 Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. Bur 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | Colored | Widower |

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 42 | | | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Ransom Bullock

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Celia Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

Informant Charlie Bullock

(Address) 913 Broadway

Filed Dec 2, 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14/35

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Nov 14, 1935

that I last saw him alive on Nov 12, 1935,

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) 1 yrs. mos da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. [illegible], M. D.

(Address) 711 S. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 11/17 1935

20 UNDERTAKER Walter B. Spencer

ADDRESS 939 Whitelock

F 17693

F 17693

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital Ward) 4-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Woods
If U. S. Veteran specify WAR ...

(a) Residence: No. 2128 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color: ~~Negro~~
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced, WIFE of (or) HUSBAND of: Justus Woods
7. DATE OF BIRTH (month, day, year): 7-14-1901

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 34 | 4 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Va.
13. NAME: Chas. Palmer
14. BIRTHPLACE (city or town) (State or country): Va.
15. MAIDEN NAME: Susan Wesley
16. BIRTHPLACE (city or town) (State or country): Va.
17. INFORMANT: Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL. Place: Northumberland Co, Va. Date: 11/17 1935
19. UNDERTAKER: Thomas E. Kelsey
(Address): 1303 Pressman St.
20. FILED ... 19 ... Registrar.

11/17/1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-15, 1935
22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1934 to 11-15, 1935
I last saw her alive on 11-15, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | ? |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 10-27-35
For what disease or injury? Pulmonary T.B. 10-27-35
Name of operation 1st Stage Thoracoplasty Date of 11-15-35
2nd " "
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hospitals

F 17694

17682/

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 46-F

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ~

2. FULL NAME Michael Iana

(a) Residence: No. 25 S. Ann St St., ..... Ward. Hal V

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Susie

DATE OF BIRTH (month, day, year) 7/23/93

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 42 | 3 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Nicola Iana

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Grace Melcasale

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place, Holy Redeemer Date Nov 17 19 35

19. UNDERTAKER Frank V. Filpi & Sons

(Address) 5 [illegible] Balto, Md

20. FILED Nov 18 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1935 to Nov. 14 1935

I last saw him alive on Nov. 14 1935. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the head of pancreas | 7 |
| | |
| | |
| | |

Other contributory causes of importance:

Cholangitis, uremia.

Was an operation performed? yes Date of Oct 29, 1935

For what disease or injury? Carcinoma of pancreas

Name of operation Cholecystogastrostomy Date of

What test confirmed diagnosis? ~~Op~~. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred Blalock M. D.

(Address) Johns Hopkins Hospital

F 17695

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. .... St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 2 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Howard S. Nock

(a) Residence: No. Whaleysville Md., St., .... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Ja, 30th 1918

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 17 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman for telephone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ? yr

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Nock

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillie Hamblin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Lillie Nock

(Address) Whaleysville Md,

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin Md. Date Nov 20. 1939

19. UNDERTAKER Burbage & Son

(Address) Berlin Md.

20. FILED ....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17th 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an .... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said .... find that said deceased came
(Inquest, Autopsy or Inquiry)
to .... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intracranial hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Yes, Date of Nov 16th

For what disease or injury? Craniotomy.

Name of operation .... Date of ....

What test confirmed diagnosis? Coma. Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury? Nov 17. 1939

Where did injury occur? near Jessups Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry,

Manner of injury Fell with pole,

Nature of injury Head and body injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify at work

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1269-A

B 17696

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs. Mary Locke

(a) Residence: No. 4305 Belmont Ave St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F. Locke

6. DATE OF BIRTH (month, day, year) about Aug 2 1853

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | about 82 | 3 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

13. NAME Philip Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Jenkins Memorial Hosp 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 11/19 19..

19. UNDERTAKER (Address) C. Kemp Lemmon 46 W. Park Ave.

20. FILED ..... 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/11/35 19.. to to 11/16 1935

I last saw her alive on 11/15 1935. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertension & hypertensive | |
| Heart disease & congestive failure | ? |
| acute cerebral dilatation | 11/16/35 |
| Other contributory causes of importance: | |
| Cystitis | ? |
| Senility | ? |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis G. Llewellyn M. D.

(Address) St. Agnes Hospital

Anne E Saney

F 17697

17697

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Baker St. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie E Saney

(a) Residence: No. 1507 Baker St St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles D. Saney

DATE OF BIRTH (month, day, year) 6/22/1875

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 60 | 8 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Post Ville Md.

13. NAME Annie Dyer

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Muldoon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J Saney (Address) 1507 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place of Charles Lakeside Date Nov. 18 1935

19. UNDERTAKER Mortar Fahey & Sons (Address) 1227 W. Mount Ave.

20. FILED 11 1935 Huntington Williams, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1934, to Nov 15 1935

I last saw h.. alive on Nov 15 1935. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 5/34 |
| Other contributory causes of importance: Arteriosclerosis | 10/34 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Sullivan M. D.

(Address) 1701 N. Eutaw Ave

F 17698

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hospital, 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Shirley Sullivan
(a) Residence: No. 1021 Druid Hill Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 27, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | | 3 | 21 | 19 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wilbain T. Sullivan

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Mary McCollok

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Father
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 17 1935

19. UNDERTAKER Jesse H. Reddy
(Address) 1436 Bolton St

20. FILED 1935 Huntington Pharmacy

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 16, 1935
I last saw h[illegible] alive on Nov 16, 1935 Death is said to have occurred on the date stated above, at 4 05 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pertussis | 10-26-35 |
| Bronchopneumonia | 11-1-35 |

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Francis D Schwentker, M. D.
(Address) Sydenham Hospital

F17699 F17699

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X V 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Nancy Manifold

(a) Residence: No. Stedman's town Pa St., ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 24 1924

| 8. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 11 | 10 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Ralph Manifold

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Bay

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ralph Manifold

(Address) Stedmanstown Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Pennfield Pa Date 11-21 1935

19. UNDERTAKER W. F. Hess

(Address) Stewartstown Pa

DATE RECEIVED NOV 17 1935 Huntingdon Pennsylvania

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15-35 to 11-17-35

I last saw her alive on 11-17-35

to have occurred on the date stated above, at 4:20 P M

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Uremia | |
| Broncho-pneumonia | 11-15-35 |

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. P. Stephens, M. D.

(Address) Md. Gen. Hosp.

F 17700

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2408 E. Preston Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 Years mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cornelius O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 2408 E. Preston Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 22nd, 1866.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 11 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hess Steel Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Felix O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Shorten

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary O'Neill (Sister)

(Address) 2408 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Nov. 18, 1935

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 30 to Nov 15 19 35

I last saw him alive on Nov 13 19 35. Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr arteriosclerosis | |
| cirrhosis, | |
| Chronic glomerulo nephritis, uremia | |
| Other contributory causes of importance: | |
| Bulbar paralysis | |
| Last 3 days of life. | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Hayward, M. D.

(Address) 1109 N. Calvert

F 17701

M. D. B F 17701

# HEALTH DEPARTMENT—CITY OF BALTIMORE.

## CERTIFICATE OF DEATH

Registered No. 208-M

1. PLACE OF DEATH South Balto Gen Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2nd Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis M Watterspeer

(a) Residence: No. 1137 Battery Ave St., ..... Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-7-1916

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 19 | 7 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/14/35

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis F Watterspeer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ella M Broll

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ella M Watterspeer (Address) 1137 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Date 11-19-1935

19. UNDERTAKER Bernard C Hart (Address) 121 E West St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fractured Skull | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or homicide? Date of injury 11-15, 1935

Where did injury occur? Hanover Street Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Skyway

Manner of injury Automobile ran into street Ry

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Julius Gutman M. D. Coroner

(Address)

M. D. B 1268-9

Coroner Wright 1010 S Elwood Ave Wolf 1688

# F 17702 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17702 ✓ 178-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1819 E Pratt St V (St., Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Stankiwicz If U. S. Veteran specify WAR None

(a) Residence: No. 1819 E Pratt St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) |
|---|---|---|
| M | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Stankiwicz

6. DATE OF BIRTH (month, day, year) June 2, 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | 5 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER FATHER

13. NAME Walter Stankiwicz

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Anna L Stankiwicz (Address) 2 Patterson Park Ave

18. BURIAL, CREMATION, ~~REMOVAL~~ Place Loudon Park Date Mar 18, 1935

19. UNDERTAKER W M Cook (Address) 121 S Broadway

20. FILED MAR 18 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Asphyxia (illuminating gas) | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident Date of injury March 1935

Where did injury occur? 1819 E. Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore, Md. (Home)

Manner of injury Probably confined in room & went to a cut up Nature of injury asphyxia

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. M. Wright Coroner M. D.

(Address) 1010 S. Elwood Ave

H. D. F. 1268-9

F 17703

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17703

## CERTIFICATE OF DEATH

✓ 47-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 701 S Highland Ave Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jozef Adamczyk

(a) Residence: No. 701 S Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Adamczyk

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 18 years

11. Total time (years) employed at this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam Adamczyk

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Adamczyk

(Address) 701 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 11/19 . 1935

19. UNDERTAKER Wm. F. Pyda

(Address) 2611 Hudson St

20. FILED . 19 Registrar.

NOV 19 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, . 1935, to November 17, . 1935.

I last saw h— alive on November 16 . 1935. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma left lung | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Zurkowski M. D.

(Address) 7574 Eastern Ave

A&Co. 5-31 250B

17704

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17704

## CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Sharp St., 27 Ward)

Length of residence in city or town where death occurred 7 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Mary Turner.

(a) Residence: No. 611 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col | Widow |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Turner

DATE OF BIRTH (month, day, year) 1868

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | + | + | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Turner

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

17. INFORMANT Emma Hastings

(Address) 611 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/18 1935

19. UNDERTAKER Walter B. Spry

(Address) 1329 Druid Hill Ave

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1935, to 11/15, 1935

I last saw h[illegible] alive on 11/14 1935 death is said to have occurred on the date stated above, at 2 P m

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy, Date of onset

Other contributory causes of importance Chronic Nephritis, Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Truslow, M. D.

(Address) 122 W. Lee

J 1935

F 17705

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17705

## CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home & Infirmary St. Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs mos. ds.

2. FULL NAME Mr Joseph Kish

(a) Residence: No. 2001 (Usual place of abode) N. Luzerne Ave Ward. (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Agnes Kish

DATE OF BIRTH (month, day, year) Oct. 26, 1878

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 57 | 57 | 0 | 21 | 14 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Joseph Kish

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Katherine Hapics

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mr. Joseph Kish Jr.

(Address) 2001 N. Luzerne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 18. 1935

19. UNDERTAKER Wendell F. Kipp

(Address) 1212 Eastern Ave.

20. FILED NOV 18 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 19. 1935 to November 18. 1935

I last saw h~~im~~ alive on November 15. 1935 Death is said to have occurred on the date stated above, at 7 30 AM PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic ulcers | Nov 5 '35 |
| Carcinoma of Stomach | 1934 (?) |
| Other contributory causes of importance: | |
| Post operative Hemorrhage Thrombosis | Nov. 5 '35 (?) |

Name of operation Partial Gastrectomy Date of operation Nov. 1, 1935

What test confirmed diagnosis? ~~Autopsy~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Hosp.

F 17706

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17706

## CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jane Carnes

(a) Residence: No. Glenburnie St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| f | w | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Carnes

DATE OF BIRTH (month, day, year) Feb 14 1873

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| 62 | 73 | 9 | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME John Wesley Nash

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Miesell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John N. Carnes
(Address) Glenburnie

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Date Nov 18 1935

19. UNDERTAKER Roth & B.M. Walters
(Address) N.E. cor PRATT & STRICKER Sts

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1935 to 11-14 1935

I last saw her alive on 11-14 1935. Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho Pneumonia | 11/12/35 |
| Fracture left femur | 9/12/35 |

Other contributory causes of importance: .....

An operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-12-35

Where did injury occur? Glenburnie
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell

Nature of injury Fracture of Femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L.K. Woodward Jr M. D.

(Address) University Hosp.

F 17707

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17707

## CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR X

2. FULL NAME Joseph Graham.

(a) Residence: No. 148 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | Married. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola

DATE OF BIRTH (month, day, year) 7/22/1889

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 46 | 3 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME Cora Burrell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wife.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date Nov 18 1935

19. UNDERTAKER Robt. F. Williams

(Address) 1515 McCulloh St

20. FILED NOV 18 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/11/1935 to 11/15/1935

I last saw him alive on 11/15/1935 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebrospinal meningitis (Meningococcus) — Date of onset 11-7-35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. de Santelle M. D.

(Address) Baltimore City Hospitals

F 17708

17708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lofton Black

(a) Residence: No. 528 N. Central Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed. |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bella.

DATE OF BIRTH (month, day, year) 8/20/1897.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 2 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Nathan ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Betsy McClam

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sellington NC Date Nov 19 1935

19. UNDERTAKER Robert E. Williams

(Address) 515 McElderry St

Huntington Williams

FILED NOV 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/21/1935 to 11/17/1935

I last saw him alive on 11/17/1935 Death is said to have occurred on the date stated above, at 2:58 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Glomerulo-nephritis | 9-1-35 |
| Terminal Uremia | 10 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. A. de Santelle M. D.

(Address) Baltimore City Hospitals

F 17709

F 17709 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No. 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Eden St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Hannah Stein If U. S. Veteran specify WAR

(a) Residence: No. 600 N. Eden St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mendel

DATE OF BIRTH (month, day, year)

7. AGE Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Theodore Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of Mother Sterle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Stein

(Address) 2811 Caldwell Lane

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 11/18/35

19. UNDERTAKER Jos. Funeral Home

(Address) 1437 E. Oriole

Huntington Avenue

19 Registrar.

FILED 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9th, 1934, to Nov. 17, 1935

I last saw h alive on Nov. 17th, 1935. Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. myocarditis | 1934 |
| arterio Sclerosis | 1934 |
| Chr. nephritis | 1934 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) N. G. Michelsen M. D.

(Address) 2230 Eutaw Place

AACo. 5-31 250B

F 17710

7710 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah L Esmery

(a) Residence: No. 1404 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13 1850

| AGE Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|
| 85 | 7 4 | 13 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME John Esmery

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Martha Savard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Hugo E Forstall
(Address) 1600 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 18, 1935

19. UNDERTAKER Herman Kellenger
(Address) 2301 Edmondson Ave

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to Nov. 16, 1935
I last saw her alive on Nov. 15 1935. death is said to have occurred on the date stated above, at 9:40P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Chronic | ? 9yr. |
| Other contributory causes of importance: Arterio-sclerosis | ? 3yr. |
| Hypertension | ? 9yr. |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Collum B Jarrett M.D.
(Address) 1105 St. Paul St. City

M. D. B. 1268-9

F 17711

# F 17711 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Lake ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Wilhemina Buermann

(a) Residence: No. 2210 Lake ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur A Buermann

7. DATE OF BIRTH (month, day, year) February 26 th 1890

| 8. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 45 | 8 | 21 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Henry P Leimbach

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Clara Balk

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Arthur A Buermann
(Address) 2210 Lake ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 19 1935

19. UNDERTAKER John Ulrich
(Address) 2208 Orleans St

Huntington Funeral Home

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 35 19 to Nov 16 35 19

I last saw h alive on Nov 16 35 Death is said to have occurred on the date stated above, at 2 35 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Nov 15 35 |

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Buermann M. D.

(Address) 2913 E Baltimore

Spec. -7-17-26—A Co.—200 Bks.

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17712

## CERTIFICATE OF DEATH

137

F 17712

REGISTERED NO. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Charles Edwin Adams

(a) RESIDENCE NO. 5315 Roosevelt Ave. Balto Ward Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Harding Adams

6 DATE OF BIRTH (month, day, and year): Aug 4 1878

7 AGE: Years 57 Months 3 Days 12 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Schools
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER: John W. Adams

11 BIRTHPLACE OF FATHER (City or town): Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER: Ruth Haslup

13 BIRTHPLACE OF MOTHER (City or town): Balto
(State or country) Md

14 Informant: Rebecca H. Adams
(Address) 5315 Roosevelt Ave Huntington Terrace, Md

15 Filed 11-18-1935, 19 ... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
November 16, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935, to Nov 16, 1935, that I last saw him alive on 11-16, 1935, and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-30-35

Was there an autopsy? No

What test confirmed diagnosis? Electrocardiogram

(Signed) Howard W. Black, M. D.

11-16-1935 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — Date of Burial: Nov 18 1935

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 1900 Eutaw Place

F 17713 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17713

# CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3825 Hickory Ave. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Milton E. Reid

(a) Residence: No. 3825 Hickory Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married (nee Pettit)

6a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Lucy R. Reid

6. DATE OF BIRTH (month, day, year) Mar. 9, 1878.

7. AGE: Years 57. Months 8. Days 8. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince William Co Va.

FATHER

13. NAME Ira L. Reid

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret E. Reid

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Lucy R. Reid (Wife)
(Address) 3825 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Nov. 20, 1935

19. UNDERTAKER J. Walter Davis
(Address) 3718 Eastern Ave.

20. FILED Nov 19 1935 Huntington Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1935, to Nov. 17, 1935

I last saw him alive on Nov. 17, 1935. Death is said to have occurred on the date stated above, at 10 35 AM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Dilatation, Pulmonary Edema | 11/7/35 |
| | |
| | |
| Other contributory causes of importance: Hypertension, Arteriosclerosis | |
| Cardiac Decompensation | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Martin M. D.

(Address) 4037 Falls Rd.

F 17714

17714 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

98

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR.....

2. FULL NAME Augusta Matthews
(a) Residence: No. 1729 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Matthews

DATE OF BIRTH (month, day, year) 8-22-1872

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 63 | 2 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.
13. NAME James Boone
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Delilah
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Fair Vieu Date 11-20, 1935
19. UNDERTAKER George T. Gilson
(Address) 1732 Druid Hill Ave
Filed 19... Registrar.

NOV 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1935 to 11-16, 1935
I last saw h[illegible] alive on 11-16, 1935 Death is said to have occurred on the date stated above, at 12:40 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Gangrene Left Leg | 11-6-35 |
| Other contributory causes of importance: Bronchopneumonia | 11-15-35 |

Was an operation performed? Yes Date of 11-14-35
For what disease or injury? Arteriosclerotic Gangrene Lt. Leg
Name of operation Mid thigh Amputation Date of 11-14-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hospital

M. D. B 1268-9

F 17715

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17715

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 210-N St. 71 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A McFarland — If U. S. Veteran specify WAR ...

(a) Residence: No. 1126 Stiles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edna E McFarland

6. DATE OF BIRTH (month, day, year) 3/1863

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 72 | 8 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

MOTHER FATHER

12. BIRTHPLACE (City or town) (State or country) Centreville Md

13. NAME William McFarland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Mrs E McFarland
(Address) 1126 Stiles St

18. BURIAL, CREMATION, OR REMOVAL. Place Friends Cem Date Nov 19 1935
Funeral from Church at 2 P.M. Sunday

19. UNDERTAKER A Garland & Sons
(Address) 1100 E Lombard St

20. FILED NOV 18 1935 Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | 11/16/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 11/16 1935

Where did injury occur? 106 E Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How was injury caused Struck by automobile while walking on street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Hyland Garland (Acting) M. D.
Coroner

(Address) ...

F 17716

H. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17716

## CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Ann. St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bennie Cator

(a) Residence: No. 221 N. Ann. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Color. | Married |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Cator

DATE OF BIRTH (month, day, year) Aug 14th 1881

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 54 | 3 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor - 0

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Buckingham Va.

13. NAME Albert Cator.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Flowers.

16. BIRTHPLACE (city or town) (State or country) Buckingham Va.

17. INFORMANT Maggie Cator Wife
(Address) 221 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Nov 18th 1935

19. UNDERTAKER Mrs. Robert G. Elliott-daughter
(Address) 421 Gilmore St

20. FILED Nov 18 1935, 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-11- 1935 to 11-15 1935

I last saw him alive on 11-14- 1935 Death is said to have occurred on the date stated above, at 4,10A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Broncho-Pneumonia | 11-6-35 |

Other contributory causes of importance:

| | |
|---|---|
| Some | |

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ... No

(Signed) J. M. Hoagland M. D.

(Address) 611 N. Carol...

F 17717

303447

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17717

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phillip Seelig

(a) Residence: No. 513 Hood St., Ward. Chambersburg Pa

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | white | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1-23-71

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 9 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Phillip Seelig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Weitman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chambersburg Pa Date Nov 20 1935

19. UNDERTAKER Wm J Stoner & Sons (Address) Pinole Pa Huntington Williams

FILED 19 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1935, to Nov 18, 1935

I last saw him alive on Nov 18, 1935. Death is said to have occurred on the date stated above, at 515 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostat — Date of onset .....

chronic Pyelonephritis — Date of onset .....

Other contributory causes of importance: — Date of onset .....

Was an operation performed? yes Date of 9/24/35

For what disease or injury? Ca of Prostat

Name of operation Transurethral Resection Date of 9/24/35

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Hyppard M. D.

(Address) Johns Hopkins Hosp

F 17718

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17718

## CERTIFICATE OF DEATH

248-93 I

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Annie Mitchell Pascal

(a) Residence: No. 418 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) 5/7/1854

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 81 | 6 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Samuel Brown.
14. BIRTHPLACE (city or town) (State or country) Balto.
15. MAIDEN NAME Sarah Hurst.
16. BIRTHPLACE (city or town) (State or country) Balto.
17. INFORMANT Patient.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/18, 1935
19. UNDERTAKER Wm J Tuckwell & Sons
(Address) Baltimore Md
Registered

FILED 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28, 1935, to 11/16, 1935
I last saw her alive on 11/16, 1935 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Unknown |
| Myocardial Insufficiency | 1 year |
| | 6 mos |

Other contributory causes of importance:

Was an operation performed? No Date of
For what disease or injury?
Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. De Santelle M. D.
(Address) Baltimore City Hospitals

F 17719

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17719

## CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Mathias Benyo

(a) Residence: No. 1743 N. Castle St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Benyo

7. DATE OF BIRTH (month, day, year) July 12, 1899

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 36 | 4 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

13. NAME Ignatz Benyo

14. BIRTHPLACE (city or town) (State or country) Austria-Hungary

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Austria - Hungary

17. INFORMANT Mrs. Beatrice Benyo

(Address) 1743 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 29, 1935

19. UNDERTAKER Wm. J. Tschiggfrey & Sons

(Address) North & Penna Ave

FILED NOV 18 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1935

22. I HEREBY CERTIFY, That I took charge of the remains as described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bacterial Endocarditis | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

F 17720

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17720

## CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 N North Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Broll

If U. S. Veteran specify WAR

(a) Residence: No. 732 N North Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

6. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine A. Broll

DATE OF BIRTH (month, day, year) May 8-1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 5 | 2736 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business - Dry

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Bottrop Germany

13. NAME Father Broll

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret E Daughaday

(Address) 732 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 18 1935

19. UNDERTAKER Jackson & Tull

(Address) North Ave & Huntington Pkwy

20. FILED NOV 18 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1935, to Nov 13th, 1935

I last saw h alive on Nov 13th, 1935. Death is said to have occurred on the date stated above, at 11:22 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis with Uremic poisoning | June 1933 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Conrad Rose, M. D.

(Address) 1400 Eutaw and Mt

F 17722

17721

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1017 W. Barre St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincenzo Geppi

(a) Residence: No. 1017 W. Barre St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Geppi

DATE OF BIRTH (month, day, year) Nov 11 1894

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 41 | | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catherine Crispino

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Catherine Geppi

(Address) 525 W. Carroll to bur

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 19 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St

FILED 9 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to Nov 15, 1935

I last saw him alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Other contributory causes of importance: | |
| Exhaustion | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luigi S. DiStefano M. D.

(Address) 487 N. Eden St

D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1722

## CERTIFICATE OF DEATH

82a F 1722

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 800 E. Pratt St., 12 Ward)

ength of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS J. MILLS

(a) Residence: No. 2739 Huntingdon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha J. Mills

DATE OF BIRTH (month, day, year) July 31.1858

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 77 | 3 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester County
(State or country) Maryland

13. NAME Thomas J. Mills

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Sarah Andrews

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Mrs. Edna Mason (Daughter)

(Address) 2739 Huntington Ave.

BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Nov.18.1935
Place Date 19

HENRY SANDER & SONS, INC.
UNDERTAKER

(Address) Baltimore & Broadway.

FILED 1935 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.14.1935 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrh. | |
| Other contributory causes of importance: Arteriosclerosis | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. E. Wallace M. D.
Coroner

(Address) 1031 St. Paul St.

F 17723

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 N. Bond Street St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Frances M. Otto

(a) Residence: No. 1529 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A Otto

6. DATE OF BIRTH (month, day, year) Nov. 16th, 1880.

| 7. AGE Years | Months | Days | If LESS than 1 day Hrs. or Min. |
|---|---|---|---|
| 55 | 0 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Stromer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary A. Franz

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles A Otto (Husband)

(Address) 1529 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Nov. 20, 1935

19. UNDERTAKER George J. Ruth Inc.

(Address) 1735 Harford Ave.

19. FILED NOV 18 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1935, to Nov 16, 1935

I last saw her alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (Ca) G-I | 11/1/35 |
| Intestinal Obstruction | 11/13/35 |
| Toxemia, Exhaustion | 11/14/35 |
| Other contributory causes of importance: Carcinoma (Breast (Mastectomy) | July 1835 |

Was an operation performed? yes Date of July 1835

For what disease or injury? Carcinoma of Breast

Name of operation Mastectomy Date of July 1835

What test confirmed diagnosis? Yes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Frank Virgilio, M. D.

(Address) 1112 St Paul

Spec.–7-17-26—A Co.—200 Bks.

17724

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17724

53-E

## CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Union Memorial Hosp St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moritz Mayer

(a) RESIDENCE NO. Marlborough Apts St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. if of foreign birth? 60 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Single |

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1868

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 67 | | 8 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Ladies' to

(b) General nature of industry, business, or establishment in which employed (or employer) Wear Store Prop.

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Mat Mayer

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Emelia Solomon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Mrs. S. Mayer

(Address) 2242 Brookfield Ave

15 Filed 6 1935

Huntington Pettigrew Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17th 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1935, to Nov 17th, 1935, that I last saw h.w. alive on Nov. 17th, 1935, and that death occurred, on the date stated above, at 2:37 A. m.

The CAUSE OF DEATH* was as follows:

Abdominal Carcinomatosis.

Primary site undetermined

(duration) 1 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? yes Date of Oct 27th, 1935

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Colin MacRae, M. D.

11-17, 1935 (Address) Union Mem Hosp Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR~~ REMOVAL Har Sinai Cem. Date of Burial Nov. 19, 1935

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

17725 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17725

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 E. Biddle St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Suhre Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 2535 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophie J. Suhre

6. DATE OF BIRTH (month, day, year): Jan. 6-1855

7. AGE: Years 80 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

13. NAME: Henry

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizb. Schneider

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Emma Nauser

(Address) 133 Lemon St. N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heard Date Nov. 19th 1935

19. UNDERTAKER: John A. Ryan

(Address) 3000 E. Baltimore St

1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935, to Nov. 16, 1935

I last saw him alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1926 |
| Chronic Nephritis | 1926 |

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? Symptoms & clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Schneider, M. D.

(Address) 1211 N. Milton Ave.

M. H. B. 126819

F 17726

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 Lexington St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lonnie B. Frederick

(a) Residence: No. Aged Womens Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Thomas Frederick

6. DATE OF BIRTH (month, day, year) Nov. 27 - 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 77 | 11 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Lewis Robbs.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nancy Talbott

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Lottie Mangum.
(Address) 130 W 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 19 35

19. UNDERTAKER Geo F Beyer Jr
(Address) 1517 Hollins St

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 . 1935 to Nov 16 . 1935

I last saw her alive on Nov 16 . 1935 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | under 1 hr. |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Atheroma & Chronic Hypertension | 2 yrs. 2 yrs. |

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward F. Dyer M. D.

(Address) 1111 St Paul St City

17727 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Linden Ave. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kate Feige

(a) Residence: No. 1112 Linden Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15th 1867

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 68 | 1 | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co., Maryland

13. NAME Charles Feige

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Amelia Bittner
(Address) 1024 Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 20 1935

19. UNDERTAKER Leo H Cook
(Address) 1005 E. Baltimore St.

19a. FILED ..... 19..... by ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935 to Nov 17 1935

I last saw her alive on Nov. 17 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Nov 14/35

Other contributory causes of importance:

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Pelletheimer, M. D.

(Address) 817 Hamilton Terrace

F 17[illegible]

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, if less yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Opitz (Minna M. Opits If U. S. Veteran specify WAR

(a) Residence: No. 218 Augusta ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5-19-1889

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 46 | 45 | 5 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Travelers Aid 086

10. Date deceased last worked at this occupation (month and year) August 1934

11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Opitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Clara Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Nov 19 1935

19. UNDERTAKER Joseph H Cook
(Address) 1505 W. Baltimore St.

20. FILED 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1935, to Nov 16, 1935

I last saw her alive on Nov 16, 1935 Death is said to have occurred on the date stated above, at 905 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lupus Erythematosis disseminata | July 1934 |
| Bronchopneumonia | Nov 10 1935 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph F Padusek, Jr. M. D.
(Address) Johns Hopkins Hospital

F 17729

17729

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 707 W. Cross St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hetty L. Pflaum

(a) Residence: No. 709 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 10. 1885

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 50 | 6 | 7 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George P. Flaum

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Moeller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Julia P. Flaum
(Address) 707 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill. Date Nov. 20 1935

19. UNDERTAKER Margaret G. Flynn
(Address) 2107 N. Hilton St.

FILED 1935 Huntington Hilltop Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1935

I HEREBY CERTIFY, That I attended deceased from April 1 1935 to Nov 17 1935

I last saw her alive on Nov 17, 1935 Death is said to have occurred on the date stated above, at 5.15 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage. | 11-15-35 |
| Other contributory causes of importance: Hypostatic Pneumonia Hypertensive Heart Disease | |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Cas M. D.

(Address) 1112 St. Paul St.

M. D. P. 1268-9

F 17730

17730 . HEALTH DEPARTMENT—CITY OF BALTIMORE

46-C

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Popular Grove St., 16 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Hecker

(a) Residence: No. 1517 Popular Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane E Hecker

7. DATE OF BIRTH (month, day, year) Dec. 26 1883

| AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 51 | 11 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker-Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Bakery

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Hecker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Leyhker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs Jane E. Hecker

(Address) 1517 Popular Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date 11/19 1935

19. UNDERTAKER Howard A. Bluff Jr.

(Address) 1418 W. Lexington St.

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov 20~~ Dec 20 1934 to Nov 17 1935

I last saw ~~him~~ her alive on Nov 11 1935 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma: Colon — Date of onset

onset - Several months Nov 20-34

Operation in Nov 1934, - Condition inoperable; no surgical treatment.

Other contributory causes of importance:

Metastasis to liver & general. -

Debilitation & malnutrition

Name of operation Laparotomy Date Nov 34

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conrad Lockard M. D.

(Address) 1517 Popular Gr

17731 ✓ 17731

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17731

## CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 14th Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thelma Barkins

(a) Residence: No. 2217 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) about 1915

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 20 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys County (State or country) Maryland

13. NAME Barkins

14. BIRTHPLACE (city or town) St. Marys Co. (State or country) Md.

15. MAIDEN NAME Mary?

16. BIRTHPLACE (city or town) St. Marys Co (State or country) Md.

17. INFORMANT Violet Simms

(Address) 2217 Etting

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs St. Marys Co. Date 11/20 1935

19. UNDERTAKER Wm C Mattingley

(Address) Undertaker Huntingtown Md.

FILED ... 1935 ... Registrar

8 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1935 to 11-18 1935

I last saw him alive on 11-18 1935. Death is said to have occurred on the date stated above, at 6 10a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lymphosarcoma | |
| | |
| | |
|

M. D. B 1268-9

17732 F 17732

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 N. Mount St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertie Jackson McFarlin If U. S. Veteran specify WAR

(a) Residence: No. 1328 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm McFarlin

6. DATE OF BIRTH (month, day, year) April 7 1871

7. AGE: Years 64 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Louis Hoffman

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Elizabeth Hoffman

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Lindsay Lee Clark

(Address) 1328 N. Mount Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Lowson

Place Pleasant Rest Date 11/19/35

19. UNDERTAKER Chas H. Cooper

(Address) 5147 Belair Rd

20. FILED ... 19... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to ... death on the day stated above. 3:30 a.m.

The principal cause of death and related causes of importance were as follows

| | Date of onset |
|---|---|
| a. Aortic Insufficiency | |
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... Coroner, M. D.

(Address) 120 E Fayette St

F 17733

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17733

## CERTIFICATE OF DEATH

93-P

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3552 Buena Vista Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 36 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Moses B. Shaw

(a) Residence: No. 3552 Buena Vista Ave. St., 13 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Shaw

7. DATE OF BIRTH (month, day, year) Jan. 20-1876

| AGE | Years | Months | Days | If LESS than 1 day ... hrs. or ... min. |
|---|---|---|---|---|
| | 59 | 9 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Metal Products

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME OF FATHER John Shaw Scotland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Margaret Scotland

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT William C. Shaw
(Address) Zanger Lane, Raspeburg

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov. 19 1935

19. UNDERTAKER Horace F. Burgee
(Address) 3630 Falls Road

Filed Nov 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2 1935 to Nov. 16 1935

I last saw him alive on Nov 16 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis Coronary Insufficiency | Mar 1934 |
| Other contributory (secondary) causes (or conditions): | |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? ... Date of injury Mar 2 1934

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place while at work

Manner of injury Stumbled while carrying cans

Nature of injury Strain of heart

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Benj. Sanders M. D.

(Address) 2178 W. North Ave

M. D. B 1268-9

17734

F 17734

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William C. Lowe

If U. S. Veteran specify WAR

(a) Residence: No. 3 Altamont Ave. St., Ward. Catonsville Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Lowe

6. DATE OF BIRTH (month, day, year) March 9, 1874

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 61 | 8 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard Lowe

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catharine Easton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katherine Lowe

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 21. 1935

19. UNDERTAKER John Burns Sons

(Address) Towsontown, Md.

20. FILED Nov 23 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Of Lungs | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Adams M. D. Coroner

(Address) 3574 Frederick Ave

F 17735

7735 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Redwood & Greene Sts. 4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Charles Lee Anthony Heiser
(a) Residence: No. Glyndon, Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Elmira Stewart (Heiser)
6. DATE OF BIRTH (month, day, year) Jan 15, 1867
7. AGE: Years 68 Months 10 Days 2 If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Retired~~
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER
13. NAME Henry Anthony Heiser
14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER
15. MAIDEN NAME Kate Lee
16. BIRTHPLACE (city or town) (State or country) Providence R.I.

17. INFORMANT Mr Pinckney McLean
(Address) 1416 Bolton St
18. BURIAL, CREMATION, OR REMOVAL Place St Johns Worthington Valley Date Nov 19 1935
19. UNDERTAKER Henry W. Deaton & Sons
(Address) 1 E Eager & Calvert Sts

18 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to November 17, 1935.
I last saw him alive on November 17, 1935. Death is said to have occurred on the date stated above, at 5.05 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Prostate | |
| Carcinomatous Metastases to bone. | |
| Other contributory causes of importance: | |

Was an operation performed? No. Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. How, specify

(Signed) Z. M. Robinson, Jr. M. D.
(Address) University Hospital

ec.—2-29-28—L. F. S.—500 Bks.

✓ F 17736

17736

# HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

## CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 3603 6th St. ST., 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas D. Loudenslager

(a) RESIDENCE NO. 3603 6th St. ST. Brooklyn Md WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| EX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| M | W | Married |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary M Loudenslager

DATE OF BIRTH (month, day, and year) Sept 20, 1865

| GE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 1 | 27 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Sheet Metal Worker

(b) General nature of Industry, business, or establishment in which employed (or employer) Mt Clair Shops 5084

(c) Name of employer Baltimore & Ohio R.R. Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Wm. W. Loudenslager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs Edward Higginstown

(Address) 3603 6th St Brooklyn Md

Filed 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1935, to Nov. 17, 1935.

that I last saw him alive on Nov. 17, 1935

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (Indef.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. C. L. Campbell M. D.

11/18, 1935 (Address) 1644 Hanover St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| London Park Cemetery. | 11/21, 1935 |
| 20 UNDERTAKER Milton Schilling | ADDRESS 1122 E. Monument St |

F 17737

# HEALTH DEPARTMENT—CITY OF BALTIMORE 17737

## CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John McHugh

If U. S. Veteran, specify WAR World War

(a) Residence: No. 25-45 Longwith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary McHugh

7. DATE OF BIRTH (month, day, year): Apl. 8-1892

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 43 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: John McHugh

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine (?)

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary McHugh

(Address) 25 S. Fortieth

18. BURIAL, CREMATION, OR REMOVAL: Ridgelawn

Place ... Date 11/19 ... 1935

19. UNDERTAKER: Chas. S. Deegan

(Address) 518 Dallas St.

20. FILED 8 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 . 1935, to Nov. 17 . 1935.

I last saw him alive on Nov. 17 . 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumococcic Meningitis | |
| Other contributory causes of importance: Pneumonia | over |

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Milton J. Sayler M. D.

(Address) Mercy Hospital

17738 F 17738

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Keyworth Ave St., 15 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hamilton Baker

(a) Residence: No. 2906 Keyworth ave, St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | White | widowed |

6. If MARRIED, WIDOWED, or DIVORCED HUSBAND of (or) WIFE of Emily Agnes Baker

DATE OF BIRTH (month, day, year) Dec. 14. 1858

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 11 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baggage Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 073

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Hampstown Frederick Co. Md

13. NAME OF FATHER Greenberry Baker

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Hepsey Brookeburg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Geo. Cadwaz

(Address) 29 06 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Hampstown Frd Co. Date Nov 19 1935

19. UNDERTAKER Wm J Jackney & Sons

(Address) North & Penna Aves

FILED 19 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1935 to Nov. 17 1935

I last saw h alive on Nov 16 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | 1923 |
| Chr. Interstitial Nephritis | 1925 |
| Other contributory causes of importance: | |
| Chr. Bronchitis | 1925 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

F 17739

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 68

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ethel Curtis

(a) Residence: No. Rockwell & Winchester Rds Ward. Ellicott City Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of Estill Curtis

DATE OF BIRTH (month, day, year) 2/18/80

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 9 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

13. NAME Newton Taylor

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Elizabeth Dunckey

16. BIRTHPLACE (city or town) (State or country) Ky

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Nov 19, 1935

UNDERTAKER Wm J Tuckner & Sons

(Address) Ward & Canton Aves

FILED 18 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1935 to Nov 16, 1935

I last saw h[illegible] alive on Nov 16, 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Addison's Disease | Feb 1934 |
| Acute adrenal insufficiency | Nov 16 |
| Other contributory causes of importance: | 1934 |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward E. Crossman M. D.

(Address) The Johns Hopkins Hospital.

F 17740

F 17740

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Raymond St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Effie M McCabe

(a) Residence: No. 3920 Raymond St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced
HUSBAND of (or) WIFE of William J McCabe

DATE OF BIRTH (month, day, year) Dec 6 1878

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 11 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H Hulsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lulie Mullikan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Wm J McCabe

(Address) 3920 Raymond Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/20 1935

UNDERTAKER Wm J McCaul & Co

(Address) 1217 E Baul St

FILED 19 Registrar.

NOV 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1935, to Nov. 17, 1935

last saw h[illegible] alive on Nov. 17 1935. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Malignancy of Ovary | [illegible] |
| Other contributory causes of importance: | |
| Cardiac Dilatation | 11/17/35 |

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Dimmelb M. D.

(Address) Medical Arts Bldg.

F 17741

F 17741

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 W. Lanvale St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Robert Winston

(a) Residence: No. 303 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word) |
|---|---|---|
| Male | White | Married |

If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary F. Winston

DATE OF BIRTH (month, day, year) Aug 5th 1853

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 82 | 3 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) England

13. NAME Robert Winston

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anne Smyth

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs Mary F. Winston

(Address) 303 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 20th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 19 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935 to Nov 18 1935

I last saw him alive on Nov 17 1935. Death is said to have occurred on the date stated above, at 3:40 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Arterio Sclerosis, duration of several years

Other contributory causes of importance: Angina Pectoris

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward K Ballard, M. D.

(Address) 1622 Mt Royal Ave

F 17742

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Frances Eckhardt

(a) Residence: No. 1813 E. Lombard St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed, or divorced) HUSBAND of (or) WIFE of Fields Eckhardt

DATE OF BIRTH (month, day, year) Feb 18 1859

| AGE | Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 8 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME (Maiden name) Hanselt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick J. Eulich

(Address) 1916 Fleetwood Ave

BURIAL, CREMATION, OR REMOVAL. Date 11/20 1935

Place Baltimore

UNDERTAKER Wm. J. York & Son

(Address) 1224 St Paul St

FILED NOV 19 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-17-35, 19..... to 11-17, 19 35

I last saw her alive on 11-17, 19 35 Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated internal hernia c mesenteric thrombosis | 11-17-35 (4 A.M.) |

Other contributory causes of importance

Cardiac failure

Was an operation performed? Yes Date of 11-17-35

For what disease or injury? Intestinal obstruction

Name of operation Exploratory laparotomy Date of 11-17-35

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hyman Granoff M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

17743 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17743

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 136 East Gittings St. (Ward) 24th

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Conrad Stummer

(a) Residence: No. 136 East Gittings St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of): Mary Stummer

6b. DATE OF BIRTH (month, day, year): Jan 27th 1875

7. AGE: Years 60 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

10. Date deceased last worked at this occupation (month and year): Oct 1935

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Conrad Stummer

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Thomas F. Stummer 1140 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 20th 1935

19. UNDERTAKER: Wm Cook

(Address): 1207 W. Pratt St

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to November 17, 1935

I last saw him alive on November 17 1935 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis | not known |
| | |
| | |
| | |
| Other contributory causes of importance: Cerebral Thrombosis producing a left sided Hemiplegia. | Nov 15, 1935 |
| Acute Pulmonary Edema | Nov 15, 1935 |

Name of operation: none Date of:

What test confirmed diagnosis: Physical Examinations Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Edward Norris M. D.

(Address) 107 East West St.

F 1744

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

1744

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Druid Hill Ave St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph H. Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1140 Druid Hill Ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Widower |

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara Hall

6. DATE OF BIRTH (month, day, year) June 24 1861

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 74 | 9 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME John Hall

14. BIRTHPLACE (city or town) Ellicott City Md
(State or country)

15. MAIDEN NAME Louisa Timms

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Agnes Wilson

(Address) 1627 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date Nov 19. 1935

19. UNDERTAKER Samuel H. Chase Son

(Address) 638 N. Gilmor St.

20. FILED Nov 19 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry, thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ( ) find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 3-4 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: age & debility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) C. Hann M. D.

(Address) 1215 Hollins Ave Coroner

F 17745

F 17745

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sallie Caldwell

(a) Residence: No. 410 E. 24 St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

| 7. DATE OF BIRTH (month, day, year) | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| AGE | 57 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N.C.
(State or country)

13. NAME Ulysses Hilpatrick

14. BIRTHPLACE (city or town) N.C.
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) N.C.
(State or country)

17. INFORMANT Grace Caldwell
(Address) 410 E. 24 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 11/19/35

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 Nov. 16, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gall Stones | |
| Chronic Myocarditis | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. B. Davis M. D.

(Address) 2737 L. North Ave. Coroner

F 17746

F 17746

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 92-V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Druid Hill Ave 14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myra Williams

(a) Residence: No. 1515 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | Married |

6. If married, widowed, or divorced, WIFE of (or) HUSBAND of Robert Williams

DATE OF BIRTH (month, day, year) 11 23 [illegible]

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Henry Leak

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT John Leak

(Address) 835 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 11/21/ 1935

UNDERTAKER Francis A. Bemsley

(Address) 578 W. Biddle St.

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 31. 1935 to Nov 16. 1935

I last saw h[illegible] alive on Nov 16. 1935 Death is said to have occurred on the date stated above, at 4:15 m. P. M.,

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | Jan 31 1935 |
| Arteriosclerosis | Jan 31 1935 |
| Auricular Insufficiency | |
| Appendicitis | 1926 |

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. H. Wright M. D.

(Address) 1204 Park Ave

F 17747

17747 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Mc Culloh St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lydia House

(a) Residence: No. 1720 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col. | Widowed |

6. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Claiborne House

DATE OF BIRTH (month, day, year) unknown

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 57 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

13. NAME John Jackson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Martha Moseley (daughter)

(Address) 1720 Mc Culloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/17/35

19. UNDERTAKER Wm H. Hall and Sons

(Address) 1421 Druid Hill Ave.

FILED 19 Registrar.

NOV 19 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1935 to Nov 16, 1935

I last saw her alive on Nov 14, 1935 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Insufficiency & Acute Cardiac Dilatation | Oct 24th '35 Nov 16th '35 |
| Other contributory causes of importance: Chr Pneumonia Nephritis Arteriosclerosis and generalized Anasarca | about 1yr ago |

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1424 E Monument St

17748 F 17748

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 107-a-143

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ethel Holden (Huber) If U. S. Veteran specify WAR.....

(a) Residence: No. 426 Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Holden

7. DATE OF BIRTH (month, day, year) June 2 1918

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 17 | 4 | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Huber

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emily Cushwa

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Nov-20 1935

19. UNDERTAKER Martin W. E. Deppel
(Address) 37 S. Conkling St.

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1935 to 11-18, 1935

I last saw her alive on 11-18, 1935 Death is said to have occurred on the date stated above, at 4:25A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Otitis Media, Bilateral | 11-1-35 |
| Bronchopneumonia | 11-14-35 |
| Other contributory causes of importance: | |
| Pregnancy (2 months) with Miscarry | 11-16-35 |

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

F 17749

17749

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Anthony Ave Ward) St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James B. Mills

(a) Residence: No. 5007 Anthony Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura V. Mills

DATE OF BIRTH (month, day, year) June 7 - 1849

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 5 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James B. Mills

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Josephine Smith

(Address) 5007 Anthony Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/21 1925

UNDERTAKER Leonard J. Bruch

(Address) 505 Hartford Rd

FILED ..... 19..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1925

22. I HEREBY CERTIFY, That I attended deceased from May 1928, to Nov. 18 1925

I last saw h.im alive on Nov. 17 1925. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1928 |
| Ch. Nephritis | 1926 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) J. S. Hardin M. D.

(Address) 4810 Belair Rd

H. D. B 1268-9

F 17750

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17750

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ingle Hospital St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Stewart (Stewart)

(a) Residence: No. 2204 Orbin Rd. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Stewart

6. DATE OF BIRTH (month, day, year) July 9, 1863

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 4 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Andrew Stewart

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fuchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Stewart
(Address) 2204 Orbin Rd

18. BURIAL, CREMATION, OR REMOVAL
(Cathedral) Date 11/20, 1935

19. UNDERTAKER Leonard J. Clark
(Address) 5305 Harford Rd

20. FILED 11/21, 1935 Huntington Williams, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other contributory causes of importance:

Uremia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1912 E. North Ave.

17751 HEALTH DEPARTMENT—CITY OF BALTIMORE 17751

# CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 W. North Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise Clara Spelshouse

If U. S. Veteran specify WAR

(a) Residence: No. 2435 W. Northern St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 5, 1859

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 8 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elise Veerkoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Ralph Lang

(Address) 1609 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 19, 1935

19. UNDERTAKER Dr. Vickers Funeral Home

(Address) Stock & Parlett Huntington Ave, Md

20. FILED NOV 19 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1935 to Nov 17th 35

I last saw her alive on Nov 17th 1935. Death is said to have occurred on the date stated above, at 12:10 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Colitis | |
| Bilateral Bronchial Pneumonia - | |
| Myocarditis | over |

Other contributory causes of importance:

| | |
|---|---|
| Senility - | |
| Arteriosclerosis | |

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Vickers M. D.

(Address) 2435 W North Ave

M. D. B. 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17752

## CERTIFICATE OF DEATH

48 F 17752

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 N. Chappel St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Casey

(a) Residence: No. 130 N. Chappel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | Color - | Widow |

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Casbay Casey.

6. DATE OF BIRTH (month, day, year) May 6 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52. | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Co Va

MOTHER

13. NAME James H. Williams

14. BIRTHPLACE (city or town) (State or country) Prince Edward Co Va

FATHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Staples son (Address) 130 N. Chappel St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Nov 19th 1935

19. UNDERTAKER Mrs Robert A. Elliott-daughter (Address) 1129 Eastern Ave

20. FILED Nov 19 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935 to Nov 16 1935

I last saw h[illegible] alive on Nov 15 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Uteri | unknown |
| | Probably 2 yrs |
| | — |
| | — |
| | — |
| Other contributory causes of importance: Generalized Carcinomas | unknown |
| Ruptured Pelvis and Bladder | — |

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

. D. B 1268-9

F 17753

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17753

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Anna C. Knabe.

(a) Residence: No. 2822 Hollins Ferry Rd. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow. |

If ~~married, widowed, or divorced~~ widowed, ~~husband~~ of
(or) WIFE of Arthur B. Knabe.

DATE OF BIRTH (month, day, year) August 19, 1870

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 65 | 2 | 29 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington, D. C.

13. NAME Michael Nertney.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Bridgett Kidd.

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT John Knabe.(son)

(Address) 2822 Hollins Ferry Rd.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov 21 1935

UNDERTAKER Geo. W. Little

(Address) 2100 Edmondson Ave. Huntington Hillcrest, Md.

Filed 19 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.30 P. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of the left femur. | |
| Traumatic pneumonia. | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | over |

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) Otto H. Reinhardt, M. D.
Coroner

11/18/35 (Address) 1017 E. Charles St.

F 17754

17754

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√ 23

Registered No. .....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas M. Sullivan

(a) Residence: No. 191 N. Monroe St., ..... St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | single |

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct. 31, 1886

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 49 | - | 16 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year) 11-6-35

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thomas Sullivan

14. BIRTHPLACE (city or town) Galway
(State or country) Ireland

15. MAIDEN NAME Mary Faherty

16. BIRTHPLACE (city or town) Galway
(State or country) Ireland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 20. 1935

UNDERTAKER Martin Fisher & Sons
(Address) 1227 W. Monument Street

FILED 9 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1935, to November 17, 1935. I last saw him alive on November 17, 1935. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Tuberculosis, pulmonary, chronic far advanced, bilateral | 1925 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) T.M.H. Andrus, M. D.

(Address) U.S. Marine Hospital, Baltimore

F 17755

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17755

## CERTIFICATE OF DEATH

X53-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Guilford & Eaton Aves. St., ..... Ward)

Length of residence in city or town where death occurred ....yrs....mos. 7 ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Lucy S. Jolly

(a) Residence: No. Kenansville, N. C. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Dan M. Jolly

DATE OF BIRTH (month, day, year) Dec. 24, 1869

| AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 65 38 | 10 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Charles Southerland

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Emma Satterland

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Elbert G. Satterland

(Address) Smithfield N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount N. C. Date Nov. 19, 1935

19. UNDERTAKER Martin Eakes & Sons

(Address) 1227 W. Baltimore St. Baltimore, Md.

FILED NOV 19 1935 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1935 to November 18, 1935

I last saw h.. alive on November 18, 1935. Death is said to have occurred on the date stated above, at 10:50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date at onset |
|---|---|
| Mixed tumor Carotid gland & metastases to neck | 11-1-34 |
| Other contributory causes of importance: edema of larynx | 11-18-35 |

Was an operation performed? Yes Date of 11-1-34

For what disease or injury?

Name of operation..... Date of .....

What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

I hereby certify that I attended deceased from ..... to ..... 19.....

Signed Edward F. O'Leary M. D.

(Address) St. Agnes' Hospital

F 17756 ✓ F 17756

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

117-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME James Grap

(a) Residence: No. 115 S. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie M. Grap.

DATE OF BIRTH (month, day, year) Feb 5 1893.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 9 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Charles Grap
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna (?)
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Cem Date 11/22/1935
19. UNDERTAKER John J Cowan & Son
(Address) 901 Hollins St.

20. FILED 19 Registrar

NOV 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935 to Nov. 18, 1935

I last saw h.. alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia - bilateral | |
| | |
| | |
| | |

Other contributory causes of importance: Ruptured Gastric Ulcer

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton S. Sachs, M. D.
(Address) Mercy Hospital

F 17757

H. D. B. 1268-9

17757

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1110 Ashland St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Spencer

(a) Residence: No. 1110 Ashland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | ✓ |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-16-35

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | | | 2 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Henry Spencer

14. BIRTHPLACE (city or town) (State or country) Lincolnton, N. C.

15. MAIDEN NAME Beatrice Simms

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Henry Spencer
(Address) 1110 Ashland.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 19 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Registrar.

1870 Md

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-35

22. I HEREBY CERTIFY, That I attended deceased from 11-16-35 to 11-18-35

I last saw her alive on 11-18-35. Death is said to have occurred on the date stated above, at 1 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth about 5½ or 6 mos. | |
| Other contributory causes of importance: | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) Jas V Blake M. D.

(Address) 924 Aisquith St.

✓ F 17758

17758 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Young.

(a) Residence: No. 235 S. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1888

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Robert Mahoney.

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Lydia Johnson

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of M. Date Nov 19 1935

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

19 1935

1565

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1935

22. I HEREBY CERTIFY, That I attended deceased from 11/2/1935 to 11/11/1935

I last saw her alive on 11/11/1935 Death is said to have occurred on the date stated above, at 8 45 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days |
| Cerebral hemorrhage | 9 days |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

759 Chester M. Freeman F 17759

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St. [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME C. M. Freeman

(a) Residence: No. 2609 Maryland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Widowed |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 60 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Ricardo Bell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 19 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] 1935 [illegible] Registrar.

1867

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 / 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 / 8 1935 to 11 / 10 1935

I last saw him alive on 11 / 10 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 3 days |
| Arteriosclerosis | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reiter M. D.

(Address) Balto City Hosp

F 17760

7760 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1229 N. Patterson Park Ave. St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Albert Baker

(a) Residence: No. 1229 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of Mary E. Davis

DATE OF BIRTH (month, day, year) Mar. 14th 1871

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 64 | 8 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

13. NAME Henry Baker

14. BIRTHPLACE (city or town) City
(State or country)

15. MAIDEN NAME Ann Eliza Collyer

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Albert Baker
(Address) 1229 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 11/20/ 1935

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

Filed 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1935 to Nov 18 1935

I last saw h alive on Nov 18 1935 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows: Coronary Occlusion — Date of onset Nov 18

Other contributory causes of importance: about 18 Nov — Coronary Sclerosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Physical Signs Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) H. E. Mercer M. D.

(Address) 1301 N Patterson Park

Filed 1935

M. D. B 1268-9

7761

F 17761

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hosp — X 210-M

CITY OF BALTIMORE: (No. ..... St. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank A Harris — If U. S. Veteran specify WAR —

(a) Residence: No. 6202 (Catonsville) Frederick Road — Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Rose E. Harris

6. DATE OF BIRTH (month, day, year): 11/22/1899

7. AGE: Years 35 | Months 11 | Days 25 | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sea Food

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (City or town) (State or country): Pikesville Md

13. NAME of father: Edward B Harris

14. BIRTHPLACE (city or town) (State or country): Pikesville Md

15. MAIDEN NAME of mother: Rose M. Vinyard

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rose E Harris (Address) 6202 Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL: Place: Catonsville Cem. Date: 11-20-35

19. UNDERTAKER: Address: Edw. R. Shelton Sons Fayette

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/16/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/16/35

Where did injury occur? Cary & Fayette Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

Manner of injury: Collision between 2 automobiles

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Hubert Gridley M. D. Coroner

(Address)

7762

F 17763

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 14 St., ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eliza Reed

(a) Residence: No. Havre de Grace St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F. | Col | |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Reed

DATE OF BIRTH (month, day, year) 1873

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 62 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harriett Gaines

(Address) Havre de Grace

18. BURIAL, CREMATION, OR REMOVAL

Place Union Cem Date 11/21/ 1935

19. UNDERTAKER George T. Pennington

(Address) Havre de Grace

20. FILED 11/21/1935 Thomas Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935 to Nov. 18, 1935

I last saw h[illegible] alive on Nov 18, 1935 Death is said to have occurred on the date stated above, at 11.35 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Stricture of Esophagus | 2 mos. |
| Other contributory causes of importance: | |
| Ulcer of Esophagus | 3 mos. |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation Gastrostomy Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Bernard Higgins M. D.

(Address) 2248 Madison

M. D. B 1268-9

F 17763

# F 17763 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-14

Registered No.

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Jones

(a) Residence: No. 1822 N. Brent St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Child |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 11 1925

| 8. AGE | Years | Months | Days | If LESS than 1 day..... hrs. or ..... min. |
|---|---|---|---|---|
| | 10 | 3 | 5 | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Julian A Jones

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Blanche Pinkett

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Jones
(Address) 1822 N Brent St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov 20 35

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

NOV 19 1935 Huntington Phillips M.D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said found that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture Skull | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, Suicide, or homicide Accident Date of injury 11/16 1935

Where Patterson Park Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile driven by

Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold B. Carter State Coroner, M. D.

(Address)

(over)

✓ F 17764

17764 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Unknown

2. FULL NAME Lottie Rice

(a) Residence: No. 1301 N. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | married. |

6. If married, widowed, or divorced (or) WIFE of Tad Rice

DATE OF BIRTH (month, day, year) March 3, 1891

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 44 | 8 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

13. NAME Gabriel Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emily (?)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Nov 20 1935

19. UNDERTAKER Wood & Williams

(Address) 1516 W. Baltimore St.

FILED 19 Registrar

9 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1935 to November 17, 1935

I last saw her alive on November 17, 1935. Death is said to have occurred on the date stated above, at 12 10 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Subacute Nephritis (glomerulo) Uremia | May 1935 Nov. 1935 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical & Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

H. A. de Sanctis M. D.

(Signed)

(Address) Baltimore City Hospitals

D. B. 1268-9

E 17765

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 Granby St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Frank Zawalski

(a) Residence: No. 1042 Granby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Unknown |

If married, widowed, or divorced HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about | 65 | — | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lofter 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woods Fish Factory Reedsville Va

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Unknown (State or country) "

13. NAME "

14. BIRTHPLACE (city or town) " (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pebble Cemetery Date Nov 19, 1935

UNDERTAKER Commissioner of Health.

(Address)

FILED Nov 19 1935 Huntington Pitts Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulation | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Probably Nov 6, 1935

Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home - 1042 Granby St

Manner of injury hanging by the neck

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

7766

✓ F 17766

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Settle

(a) Residence: No. 507 N. Central ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) —

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records—
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Old Bond Street Date Nov 14 19 35

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1935, to Nov 11, 1935

I last saw him alive on Nov 11 1935 Death is said to have occurred on the date stated above, at 2 15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset ? |
|---|---|
| Chronic Vascular Nephritis & uremia | |
| Bronchopneumonia | |

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Wade B. Allen, M. D.

(Address) Johns Hopkins Hosp.

✓ F 17767

17767 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

106-8

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. North Ave. Ward 14)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Luther H. Galloway

(a) Residence: No. 609 N. North Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Langley Galloway

DATE OF BIRTH (month, day, year) Aug 9, 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 3 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Galloway

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Foster

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Edna M. Hall

(Address) 609 N. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/20/35

UNDERTAKER Wm. Cook

(Address) 121 Park Ave

FILED 9 1935 Thurlington Wilmarth, Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935 to Nov 18 1935

last saw h alive on Nov 18 1935 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Interstitial Nephritis | |
| Other contributory causes of importance: Uremic Convulsions | |
| Pneumonia | Nov |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Magruder, M. D.

(Address) 14 E. Read St Vernon 2689

F 17768

7768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Marie Vodacek.

(a) Residence: No. 1239 N. Luzerne Ave St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. ~~Single, Married~~, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. If ~~married, widowed, or divorced~~ (or) WIFE of Joseph Vodacek

DATE OF BIRTH (month, day, year) Sept 8, 1869

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 2 | 11 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Joseph Trojka.

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Marie Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Marie Trojka

(Address) 1239 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Nov 20 [illegible]

19. UNDERTAKER Wm. Cook

(Address) 1217 St. Paul St

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to Nov. 18, 1935

I last saw her alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Disease | 1925 |
| | over |
| | ? |

Other contributory causes of importance: Arteriosclerosis (Gen.)

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Grafton Hershberger M. D.

(Address) Mercy Hospital

D. B 1268-9

F 17769

768

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

In Garage

1. PLACE OF DEATH Rear of 116 N. Smallwood St 164 Registered No.

CITY OF BALTIMORE: (No. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel B. Burns

(a) Residence: No. 2217 W. Fayette St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22nd 1895

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 40 | 9 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Trust Co

10. Date deceased last worked at this occupation (month, year) Sept 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Burns

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ida E. Kraft

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas A. Burns

(Address) 2217 W. Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 21st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 to 19

I last saw h alive on Nov 17, 19 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Monoxide gas Poisoning — Date of onset 11-17-35 2 P.M.

auto.

while sitting in garage

Other contributory causes of importance:

Nervous Prostration

Nervous Respondent at times for last 3 or 4 months

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-17-1935

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Garage

Manner of injury Hose connected with exhaust pipe

Nature of injury Gas Poison

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

D. F. 1268-9

17770

F 17770

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Julia Taylor

(a) Residence: No. 9 Forest Drive, Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single. |

If married, widowed, or divorced HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Mar. 23, 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 7 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Rosa Locke

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Self - Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cash Grove Co
Riverside Farm Date 11/20 1935

19. UNDERTAKER Wm Cook & Son
(Address) 2124 E Fayette St

20. FILED [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1935 to Nov. 18, 1935

I last saw h[illegible] alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 10:45 Pm.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of body of uterus and cervix. — Date of onset Aug. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carlton N. Adams M. D.

(Address) Church Home & Hy.

F 17771

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3200 N. Hilton St. 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Lewis

(a) Residence: No. 1129 Ellicott Driveway Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Lewis

DATE OF BIRTH (month, day, year): Apr 24, 1866

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | 6 | 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (D)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Phila. Pa

13. NAME of Father: Gustav Weber

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Virginia L. Spilman
(Address) 2260 N. Hilton St

BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Nov 20 1935

UNDERTAKER: Mrs. Mrs. John N. Teufel & Son
(Address) 801 W. Fayette St

FILED 1935 Number for Certificate. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935 to November 17th, 1935

I last saw h[illegible] alive on November 17th, 1935. Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular disease (Aortic Incompetency) | 2/35 |
| Other contributory causes of importance: Arteriosclerosis | 6/35 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm Duncan M. D.

(Address) 1701 W. Fulton Ave

17726 Ericson F 17772

305

# HEALTH DEPARTMENT—CITY OF BALTIMORE F/7772

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred E. Ericson

(a) Residence: No. 20 Linden Ave St., ..... Ward. Jamestown N.Y.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | Married |

3. If married, widowed or divorced HUSBAND of (or) WIFE of E. Mae Ericson

DATE OF BIRTH (month, day, year) 11/6/85

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 50 | 0 | 13 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Charles Ericson

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Era

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jamestown N.Y. Date Nov. 20 1935

19. UNDERTAKER E. Leroy Stufflow, Inc.
(Address) 135 E. Montgomery

20. FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1935 to Nov 19 1935

I last saw him alive on Nov 19 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the right lung and mediastinum (Dressing of operative wound) - malignant epithelial tumor — Date of onset: 4 Months

Other contributory causes of importance:

lung abscess & chronic anemia

Was an operation performed? Yes Date of July 1935

For what disease or injury? lung abscess (right)

Name of operation pneumonectomy right Date of 11/19/35

What test confirmed diagnosis? Section Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred W Keith M. D.

(Address) Johns Hopkins Hospital

17793 F 17793

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ; mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilbur J. Barton.

(a) Residence: No. 1209 Linden Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) 4/16/1870.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 65 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

13. NAME James Barton

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Susan Swichoff.

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Harford Baptist Cemetery Date Nov 21st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 Thurston Williams MD

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/17/1935 to 11/19/1935

I last saw him alive on 11/19/1935 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | 1 yr. |
| Hypertension | > |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 17774

F 17774

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 114-B

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 72 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Lewis If U. S. Veteran specify WAR .....

(a) Residence: No. 51 E. Hughes St., St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of John Lewis

DATE OF BIRTH (month, day, year) 12-31-96

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 10 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Charles Sprigg

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mae Fisher

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Nov 21 1935

19. UNDERTAKER James Pastorfield
(Address) 1142 Linden Ave

FILED NOV 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to Nov. 18, 1935

I last saw her alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary gangrene, pyopneumothorax, due to B. mucosus capsulatus, | Oct. 28, 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of Nov. 13, 1935

For what disease or injury? Pyopneumothorax

Name of operation Thoracotomy. Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw B Grossman, M. D.

(Address) The Johns Hopkins Hospital

F 1775

F 1775

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Meyer Holzman

(a) Residence: No. 2236 East Fairmount Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

6. DATE OF BIRTH (month, day, year): May 5 1882

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 53 | 6 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ord

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Hirsh Holzman

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Faga Friedman

16. BIRTHPLACE (city or town) (State or country): Poland

INFORMANT: Albert Holzman

(Address): 2236 E Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place: Westview Rosedale Date: Nov 20 1935

UNDERTAKER: Sol Levinson Bros

(Address): 1127 E Baltimore St

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935, to Nov. 19, 1935

I last saw h[illegible] alive on Nov. 19 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lymphatic Leukemia | |
| Broncho-Pneumonia | |
| Chronic Myocarditis | |
| Arteriosclerosis | |

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Dagmar T. Broder, M. D.

(Address) Sinai Hosp

M. D. B 1265-9

F 17776

F 17776

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 122-2

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7hrs How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Ward

(a) Residence: No. Forest Hill Md. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Gambrill

6. DATE OF BIRTH (month, day, year): May 23, 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 76 | 5 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

FATHER

13. NAME: Thomas Ward

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sophia Bramble

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Ola Pyle

(Address): Forest Hill Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Chestnut Hill Date: Nov 21, 1935

Harford Co. Md.

19. UNDERTAKER: John J. Mitchell & Sons

(Address): 1900 Eutaw Place

20. FILED ... 19 ... Huntington Williams Registrar.

20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Strangulated Inguinal Hernia | |

Other contributory causes of importance: Chronic follow myocarditis

Was an operation performed? Yes Date of 11-17-35

For what disease or injury Strangulated hernia

Name of operation Herniotomy Date of 11-19-35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

F 17777

17777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3800 Egerton Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Magdalene Bankert

If U. S. Veteran specify WAR

(a) Residence: No. 3800 Egerton Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem. | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 28, 1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 10 | 21 | 20 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

13. NAME OF FATHER Ephriam Bankert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Emma M. Moritz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. D. Speed

(Address) Roland Ave & Club Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md. Date Nov 20 1935

19. UNDERTAKER Lemmon Dorsey & Sons

(Address) Howard & Eager Sts. Baltimore

Filed 1935, 19 Huntington Pittmann, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15. 1935. to Nov 18th, 1935

I last saw her alive on Nov 18th, 19 35. Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung — Date of onset 1934

Other contributory causes of importance:

Was an operation performed? yes Date of 1933

For what disease or injury? Adenocarcinoma of Breast

Name of operation Radical Breast Date of 1933

What test confirmed diagnosis? Tissue Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert L. Zepp, M. D.

(Address) 3048 N. Monte Ave Baltimore

F 17778

F 17778

304 13878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

72-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alfred Jones

(a) Residence: No. 2436 Oak St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

If married, widowed, or divorced HUSBAND of (or) WIFE of Betty

DATE OF BIRTH (month, day, year) 12-12-85

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 49 | 50 | 11 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Sidney Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Burkeville Va. Date Nov 21st 1935

19. UNDERTAKER Mrs Bessie A. Elliott-Daugh

(Address) 1129 Eastern Ave

FILED NOV 20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Nov 17, 1935

I last saw him alive on Nov 17, 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myelogenous Leukemia | July 35 |
| | |
| | |
| | |

Other contributory causes of importance:

anemia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) E. W. Rossmoor, M. D.

(Address) The Johns Hopkins Hospital

F 17779

F 17779 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occucred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Fuchs

(a) Residence: No. 1526 Linden Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lina.

DATE OF BIRTH (month, day, year) 8/4/1867

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 7 3 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Buss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1888

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Patient Wm Fuchs

(Address) 1526 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Park Date Nov. 20, 1935

19. UNDERTAKER Jno. H. Valentine

(Address) 2326 Eastern Ave Huntington Philadelphia, Pa.

NOV 20 1935, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1935 to 11/19, 1935

I last saw him alive on 11/19, 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardio-vascular Disease. | 2 - |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert L. Reitz, M. D.

(Address) Balto City Hosp

call at 10 o'clock

H. D. B. 1268-9

17780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17780

## CERTIFICATE OF DEATH

Registered No. ✓ 94-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1636 McHenry St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth 36 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Snyder

(a) Residence: No. 1636 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie

7. DATE OF BIRTH (month, day, year)

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia
13. NAME of Father: Nathan Snyder
14. BIRTHPLACE (city or town) (State or country): Russia
15. MAIDEN NAME of Mother: Bessie
16. BIRTHPLACE (city or town) (State or country): Russia
17. INFORMANT: Wife — Mamie Snyder
(Address) 1636 W. McHenry St.
18. BURIAL, CREMATION, OR REMOVAL: Hebrew Herzing Pimpa 11/20/35
UNDERTAKER: Jacob Louis Inc.
(Address) 1739 E. Baltimore St.
19. FILED: NOV 20 1935
20. [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Pericarditis | 11-20-35 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B 1268-9

F 17781

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17781

## CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur J. Davis (Davis)

(a) Residence: No. 1305 Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Widowed |

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Edith Davis

6. DATE OF BIRTH (month, day, year) 1885

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 50 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

13. NAME Reuben Davis

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Alice Washington

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Walter C Davis

(Address) 232 S Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/20 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

Huntington Williams 19 ... Registrar.

20 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1st - 2nd - 3rd degree | Nov 17 1935 |
| Burns of Body. | |
| Other contributory causes of importance: | 2 hrs |

Was an operation performed? none Date of .....

For what disease or injury? none

Name of operation ..... Date of .....

What test confirmed diagnosis Physician Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 17 1935

Where did injury occur? 500 N Arlington St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry - Garage

Manner of injury Ignited self with fire

Nature of injury Burned.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 500 Arlington St

Cor.—10-10-29—A Co.—100 Bks.

F 1778 2

F 1778

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3214 Leeds St., 20 Ward)

2-FULL NAME John C. Marsberger

(a) RESIDENCE NO. 3214 Leeds St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed or Divorced, (write the word) |
|---|---|---|
| male | white | married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Marsberger

6 DATE OF BIRTH (month, day, and year) Feb 10th 1869

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 66 | 9 | 8 | |

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Salem Keyser
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Marsberger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Ida L. Marsberger
(Address) 3214 Leeds St

15 Filed ..... 19.... Register

### CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Congestion Pneumonia

(duration) ..... yrs. ..... mos. One ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no Pos. & clot.

What test confirmed diagnosis? Repeated Autopsies

(Signed) Thos. H. Shellman M. D.

, 19 (Address) 1939 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 11/21/1935

20 UNDERTAKER John Howard & Son

ADDRESS 901 Hollins St

Interment Nov 20 1935

F 17783

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17783

92-a

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Washington Boulevard St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Michael

(a) Residence: No. 918 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) Dec 8th 1873

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 11 | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor, City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Michael

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Michael

(Address) 918 Washington Boulevard

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 11/23/ 1935

19. UNDERTAKER John J. Leonard & Son

(Address) 1901 Bolton St.

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935 to Nov. 19. 1935

I last saw him alive on Nov. 19. 1935 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Valvular Heart Disease | 2 Yrs. |
| " Myocarditis | 2 Yrs. |

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) Chas. Norton, M. D.

(Address) 8881 N. Loudon St.

M. D. B 1268-9

F 17784

17784 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel A. Dexter Jr. If U. S. Veteran specify WAR No

(a) Residence: No. 725 S. Ellwood St., St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly W. Dexter Jr.

6. DATE OF BIRTH (month, day, and year) Sept. 29, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | I | 21 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Samuel A. Dexter Sr.

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Anna McGregor

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Lilly Dexter

(Address) 725 S. Ellwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Nov 22, 1935

19. UNDERTAKER George W. Zepken

(Address) 1737 E. Lombard St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1935.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes | |
| Chronic Valvular Disease | |
| | |
| | |
| | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. R. Dellum M. D.
Coroner

(Address) 1737 E. Lomb

F 17785

17785 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Glover St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August Albert.

(a) Residence: No. 414 N. Glover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Albert.

DATE OF BIRTH (month, day, year) Dec. 9/1864

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 11 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. C. Walter Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Sebastian Albert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Albert wife

(Address) 414 N. Glover. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 22/35

19. UNDERTAKER Lilly & Feilenbaum.

(Address) 403 S. 6th St.

20. FILED Nov 23 1935 Huntington Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19/35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Nov 19 1935

I last saw him alive on Nov 19 1935. Death is said to have occurred on the date stated above, at 8/15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | |
| Chr. Myocarditis | 11-11-35 |
| Bronchopneumonia | 11-19-35 |
| Myocardial Failure | |

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation None. Date of

What test confirmed diagnosis Lab. Chemist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emmanuel A. Schumack M. D.

(Address) 842 S. East Ave.

H. D. F. 1268-9

F 17786

F 17786

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

51B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1611 Shakespeare St St., V Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

2. FULL NAME Frank Nowakowski

(a) Residence: No. 1611 Shakespeare Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced
HUSBAND of XXXXXXX Catherine Nowakowska

DATE OF BIRTH (month, day, year) December 25/1875

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 60 59 | | 10 | 25 24 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Luke Nowakowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Catherine Nowakowska
(Address) 1611 Shakespeare Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Nov, 22/ 19 35

19. UNDERTAKER George A Weber
(Address) 705 S Ann St.

20. FILED [illegible] Registered [illegible]

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Nov 19 1935

I last saw h[illegible] alive on Nov 19 1935 Death is said to have occurred on the date stated above, at 2 32 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Urinary Bladder | |
| Other contributory causes of importance: | |
| Cardiac Exhaustion | Nov 19 35 |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J Reavey M. D.

(Address) 804 S Eden St

M. D. B. 1268-9

787

✓ F 17787

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emanuel Woodson

(a) Residence: No. 851 W. Franklin St St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Katie Harris

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Eliza Steveson

(Address) 851 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Nov 23, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Intervale St.

20. FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1935 .19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of Skull | |

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Nov. 8, 1935 Date of injury .....19.....

Where did injury occur? 400 Block Myrtle Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell during encounter With Officer, who was making Arrest

Nature .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Nelson M. D.

Coroner

(Address) 2757 N. Howard

F 17788

17788

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH: University Hosp — Da
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James O Boyd

(a) Residence: No. 504 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Stella Boyd

6. DATE OF BIRTH (month, day, year) Sept 21 1911

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 24 yr | 3 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER John Boyd

14. BIRTHPLACE (city or town) (State or country) Clark Co Ky

15. MAIDEN NAME OF MOTHER Susie Chase

16. BIRTHPLACE (city or town) (State or country) Fayette Co Ky

17. INFORMANT Susie Boyd

(Address) 1108 N. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 24 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 2220 Schroeder St

20. FILED 1935 Huntington Williams M.D. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract skull | |

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 11/17 1935

Where did injury occur? 4509 Frederick Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Fell while using telephone

Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

Signed ... M. D.
Coroner

(Address) 6 W Fayette St

✓ F 17789

7789

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Pine St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Schminke Sr.

(a) Residence: No. 10 S. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W. | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of May E. Schminke

DATE OF BIRTH (month, day, year) Nov. 7th, 1861.

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 74 | | 11 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0002

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry J. Schminke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susanna Ort

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT May E. Schminke

(Address) 10 S. Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/21/35

19. UNDERTAKER Frederick G. Orle

(Address) 1200 W. Lombard St.

FILED 20 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 5 . 19 35 to Nov. 18 . 19 35

I last saw h. alive on Nov. 18 . 19 35 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Dilatation of Heart | |
| Other contributory causes of importance: | |
| Cardio Renal Disease & Arterio Sclerosis | |

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. Thomas Nelson M. D.

(Address) 1001 N Fulton Ave

H. D. B 1268-9

F 17790

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

17790

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Canton

(a) Residence: No. 1939 N. Calvert St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6, 1880

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 54 | 11 | 14 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Michael F. Canton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Susan L. McGraw

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Edward McGraw

(Address) 6003 Bellona Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 22 1935

UNDERTAKER Margaret J. Flynn

(Address) 2107 W. Fayette St. Baltimore, Md.

FILED NOV 20 1935 19..... Huntington Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. L. Wallace, M. D.

(Address) 1231 St. Paul St.

H. D. B 1268-9

F 17791

17791

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Noah Morgan

(a) Residence: No. 1714 N Dallas St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Morgan

6. DATE OF BIRTH (month, day, year): 1893

7. AGE — Years: 42 — Months: ~ — Days: ~ — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West Africa

13. NAME: ~

14. BIRTHPLACE (city or town) (State or country): ~

15. MAIDEN NAME: ~

16. BIRTHPLACE (city or town) (State or country): ~

17. INFORMANT (Address): Elizabeth Morgan 1714 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 17. 1935

19. UNDERTAKER: Edw Bryan & Co

(Address) 1647 Orleans St

FILED 1935 Huntington & Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 17. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1st - 2nd - 3rd degree Burns - Body | Nov 17 1935 |

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? ~

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 17. 1935

Where did injury occur? 1714 N Dallas St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burn with oil —

Nature of injury Fire —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D. Coroner

(Address) 850 Cathedral St.

F 17792

17792

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 W. North Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lena B. Zobel

(a) Residence: No. 1919 W. North Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Zobel.

DATE OF BIRTH (month, day, year) Mar 17, 1858

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 8 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME OF FATHER Nesteberg

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Caroline Richman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mamie P. Koehnlein

(Address) 1919 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 21, 1935

19. UNDERTAKER Mrs. John W. Gentel & Son

(Address) 501 W. Fayette St.

20. FILED Nov 19 1935 Huntington Williams Supt

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935 to Nov 19, 1935

I last saw h[illegible] alive on Nov 19, 1935. Death is said to have occurred on the date stated above, at 1130 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia, Lobar | Nov 12 |
| Other contributory causes of importance: Arteriosclerosis | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

Nov 19/35 (Signed) R. H. Carpenter M. D.

(Address) 1644 Hanover St

F 17793

7793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 135

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME Harry F. Crowner

(a) Residence: No. 1025 W. Balto St., Balto Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace E. Crowner

DATE OF BIRTH (month, day, year) Unknown

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank Crowner

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Grace E. Crowner

(Address) 1025 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL Place National Date Nov 22 1935

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

FILED 1935 Huntington Township Registrar.

K. F. [illegible] Medical Examiner

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935, to Nov. 20, 1935

I last saw him alive on Nov. 20, 1935. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular collapse, occurring 12 hrs. after spinal anaesthetic - Etiology unknown -

Date of onset Nov. 19

Other contributory causes of importance:

Seleroisis of neck of bladder.

Was an operation performed? Yes Date of Nov. 18, 1935

For what disease or injury? Seleroisis neck of bladder

Name of operation Transurethral resection Date of Nov. 18

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Cotton, M. D.

(Address) University Hosp.

17794 17794

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Conrad J. Bischoff Jr.

(a) Residence: No. 3419 Pleasant Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Bischoff

DATE OF BIRTH (month, day, year) June 23, 1900

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 35 | 4 | 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop

10. Date deceased last worked at this occupation (month and year) 2/35

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Conrad Bischoff

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Emma Ecker

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Ella Bischoff, Wife

(Address) 3419 Pleasant Place, Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 22/35

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave.

20. FILED 19 Registrar

NOV 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/35

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1935 to Nov. 19, 1935

I last saw h. alive on 11-19- 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Aortic Insufficiency | ? |
| Cardiac Hypertrophy & Dilitation | |
| (Ca.) | |
| Other contributory causes of importance: | |
| Congestive Heart Failure | 9-15-35 |

Was an operation performed? Yes Date of 3-3-35

For what disease or injury? For 5th lumbar vert.

Name of operation Application body cast Date of 3-3-35

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Hershberger M. D.

(Address) Mercy Hospital

F 17795

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17795

## CERTIFICATE OF DEATH

94-0

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Wm F Ekas

(a) Residence: No. 530 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | divorced |

6. If married, widowed or divorced HUSBAND of (or) WIFE of Divorced Bonnie W Ekas.

DATE OF BIRTH (month, day, year) Oct 5 1890

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 45 | 1 | 15 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm A. Ekas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Minnie Bauer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank E Kramer

(Address) 223 Valmont St. Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Hanover, York Co. Date Nov 23 1935

19. UNDERTAKER Eyerly & Son

(Address) 211 Carlton Ave. Hanover Pa

FILED 23 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 20th Nov. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1935 to Nov 20th 1935

I last saw h alive on Nov 19th 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Hypoadrenalism | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph E Gilmour, M. D.

(Address) 201 Garrison Blvd

F 17796

F 17796

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 White Ave St., 27 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Leipholz — No War Record

(a) Residence: No. 2819 White Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Leipholz

DATE OF BIRTH (month, day, year) Aug. 23, 1844

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 91 | 2 | 27 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Shaumann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Michael Leipholz

(Address) 2819 White ave

18. BURIAL, CREMATION, OR REMOVAL Place Mass 5/22, Mich. Date Nov 21st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED NOV 22 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1935, to Nov. 20, 1935

I last saw her alive on Nov 16 1935 death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. myocarditis | 1925(?) |
| Senility | 1925(?) |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Alesar M.D.

(Address) 6217 Harford Rd.

D. B 1268-9

17787 F 17787

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 943

Registered No.

1. PLACE OF DEATH Entoure from Davoson Chemical Co Curtis Bay to South Balto. General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ) St., Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Beckett. No War Record

(a) Residence: No. 2809 Indiana Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

If married, HUSBAND of Ada Beckett.

DATE OF BIRTH (month, day, year) July 22, 1896

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 39 | 3 | 27 26 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter. C.C. 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davidson Chemical Co

10. Date deceased last worked at this occupation (month and year) Nov 1935 | 11. Total time (years) spent in this occupation 15 7

BIRTHPLACE (city or town) (State or country) Kane Pa.

13. NAME William Beckett.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mollie Berger.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Ada Beckett. (wife)

(Address) 2809 Indiana Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 21st 193 5

UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Oedema of the Lungs

Other contributory causes of importance:

Coronary Occlusion

Name of operation None Date of

What test confirmed diagnosis? autopsy & inquest Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto L. Reinhardt, M. D.

11/20/35 (Address) 1017 E. Charles st. Coroner

NOV 1935 [illegible]

F 17798

D. B. 17798

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Lyman Ave 27 (Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilhelmina H Seitz

(a) Residence: No. 401 Lyman Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

If married, widowed or divorced HUSBAND of (or) WIFE of George W Seitz

DATE OF BIRTH (month, day, year) May 7-1864

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 71 | 6 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Ludwig Pentrup

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Minnie Rolston

(Address) 358 Rosedale Ave

BURIAL, CREMATION, OR REMOVAL

Place Presbyterian Towers Date 11/21 1935

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Senile Thyrocardiac | Last Visit |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edw Wilson Kemp M. D.
Coroner

(Address) Baltimore

Emma E. Grace F 17799

17799 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Westgate Road St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma E. Grace

(a) Residence: No. 410 Westgate Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin A. Grace

DATE OF BIRTH (month, day, year) August 14, 1879

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 56 | 3 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Christina A. Grace

(Address) 410 Westgate Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 25, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1007 E. Baltimore St.

20. FILED Nov. 25, 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935 to Nov 19, 1935

I last saw her alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia, | |
| Initial lesion in Lungs | 1933 |

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) 1326 E. Lombard St.

17800 F 17800

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 Brohawn Ave. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Scheib

(a) Residence: No. 2405 Brohawn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Scheib

DATE OF BIRTH (month, day, year) December 30, 1853

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 11 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired-Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1915 1915

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) (State or country) New York

13. NAME John G. Scheib

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Marie

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John G. Scheib
(Address) 2405 Brohawn Ave.

BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Nov. 21, 1935

UNDERTAKER Joseph H. Cook
(Address) 1903 E. Baltimore St.

FILED 1935 Stanley Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935, to Nov 19, 1935

I last saw h. im alive on Nov 19, 1935. Death is said to have occurred on the date stated above, at 4.45A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation (Mitral Insufficiency) | |
| Coronary Sclerosis, Chronic Interstitial | |
| Arteriosclerosis, Senility | |
| Nephritis, Senility | |
| Other contributory causes of importance: Pulmonary Edema | |

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert C. Natsch M. D.

(Address) 2151 Kilkenny Ave.

F 17801

F 17801

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 St. Mary St., 17 Ward)

Length of residence In city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jos Murdock

(a) Residence: No. 508 St. Mary St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | C. | widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

DATE OF BIRTH (month, day, year) 8/70

| AGE Years | Months | Day | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 years | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jos Murdock

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mrs Murdock

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lucy Foster

(Address) 508 St Mary

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/21 19 35

19. UNDERTAKER Wm A. Jackson

(Address) 916 Lexington

20. FILED ..... 19 ..... Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 19 ..... to 11/19/35 19 .....

I last saw him alive on 11/19/35 19 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 11/19/35

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Ellison M. D.

(Address) 5 E Mt Vernon Pl

17802 **STATE OF MARYLAND—CERTIFICATE OF DEATH** F 17802

108

**1. PLACE OF DEATH**

Registration Dist. No.

County

No. 535 N. Calhoun St. Ward

Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Enoch Caldwell

(a) Residence: No. 535 N. Calhoun St., Ward. If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| M | Col | Widower |

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Caldwell

DATE OF BIRTH (month, day and year) Sept. 1874

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 61 | 2 | | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farming 1886

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Oregon Mill Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore

(State or country)

13. NAME James Caldwell

14. BIRTHPLACE (city or town) Md

(State or country)

15. MAIDEN NAME Rachel Mallard

16. BIRTHPLACE (city or town) Md

(State or country)

INFORMANT James Caldwell

(Address) 214 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 22, 1935

UNDERTAKER Leonard A Weise & Son

(Address) [illegible]

[illegible] 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov (Month) 19 (Day) 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 1, 1935, to Nov 19, 1935

I last saw h alive on Nov 19, 1935, death is said to have occurred on the date stated above, at 6 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Nov 19 1935 |
| Other Contributory Causes of importance: | |
| Cardiac Arrhythmia | " " |

Name of operation None Date of

What test confirmed diagnosis? Anatomic Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

T 1935

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

M. D. B. 1288-9

F 17803

7803

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Clifton Park Terrace St., 8 Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes L Grover

(a) Residence: No. 2820 Clifton Pk Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | W | Single |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 75 | - | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Charles Grover

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Bond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles A Flemming

(Address) 2820 Clifton Pk. Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov , 19

19. UNDERTAKER Franklin P Seitz

(Address) 709 W 36th St Northern Pkwy

20. FILED , 19 Registrar.

1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1925 to Nov 10, 1935

I last saw her alive on Nov 8, 1935. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | Nov 1925 |
| Coronary Thrombosis | Nov 10, 1935 |

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Franklin P Seitz M. D.

(Address) 3926 Eastern Ave.

F 17804

F 17804

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Hospital, Institution or Street No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Joseph Cobb.

(a) Residence: No. 3304 Hayward St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male. | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Husband of Nellie Cobb.

7. DATE OF BIRTH (month, day, year) September 7th 1908

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 years | 2 Months | 13 days | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transportation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi Cab. 0023

10. Date deceased last worked at this occupation (month and year) 11-12-35

11. Total time (years) spent in this occupation 1½ yrs.

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Joseph Cobb.

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Nellie Cobb.

(Address) 3304 Hayward St.

18. BURIAL, CREMATION, OR REMOVAL

Place Abington Md. Date 11-23-35

19. UNDERTAKER Mrs Chas A. G. Radde

(Address) 3327 Edmondson Ave.

20. FILED Nov 24 1935 Thurlington Williams

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1935 to 11-20-1935

I last saw him alive on 11-20-1935 Death is said to have occurred on the date stated above, at 11:25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| appendicitis | 11-12 |
| Other contributory causes of importance: peritonitis | 11-13 |

Was an operation performed? yes Date of 11-14-35

For what disease or injury? appendicitis

Name of operation appendectomy Date of 11-14-35

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) John W. Bazuaby M. D.

(Address) Maryland General Hosp

F 17805

F 17805

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

87-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Marlborough Apts St., Eutaw Place 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Hamburger Meyer

(a) Residence: No. The Marlborough Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Isaac J. Meyer

DATE OF BIRTH (month, day, year) Aug. 21st 1869

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 66 | 2 | 29 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Louis Hamburger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rose Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Isaac J Meyer

(Address) Marlborough Apts.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Nov 21 1935

UNDERTAKER David Lazarus & Son

(Address) 1702 Eutaw Place

FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1927 to Nov 20 1935

I last saw h[illegible] alive on Nov 19 1935. Death is said to have occurred on the date stated above, at 12.50 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage | Nov 19 35 |
| Other contributory causes of importance: Arteriosclerosis, Hypertension, Cerebral hemorrhage | Sept 1927 |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

17806 F 17806

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

95-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph T. Williams

(a) Residence: No. 102 Belnord Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1/18/1864

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 10 | 1 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John T Williams

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Katherine ? ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frost Lemmon Funeral Home Date Nov 21, 1935

19. UNDERTAKER C. Frost Lemmon (Address) 2354 Jefferson St

20. FILED ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/1935

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1935 to 11/19, 1935

I last saw him alive on 11/19, 1935 Death is said to have occurred on the date stated above, at 7 05 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hypertensive Cardiovascular disease | 5 mo. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 17807

F 17807

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

√23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Tuberculosis Division St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howard Marshall (Hiland Marshall)

(a) Residence: No. 631 N. Chapel st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March ? 1915

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 20 | 8 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0096

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME David Marshall

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Mary Benny

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cherry's C. Nov. 22 1935

19. UNDERTAKER Robert F. Young

(Address) 804 N. Caroline St

20. FILED 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from January 28 1935 to Nov. 20 1935

I last saw him alive on November 20 1935 Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Jan. 1935 |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur Kaplan M. D.

(Address) Baltimore City Hospitals

M. D. File No. F 17808

F 17808

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 99

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3522 Edmondson Ave. St.; 16 Ward)

Length of residence in city or town where death occurred 89 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Asbury Walmsley Hartlove.

(a) Residence: No. 3522 Edmondson Ave. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Mary Jane Hartlove.

6. DATE OF BIRTH (month, day, year): Sept 7, 1846

7. AGE: Years 89; Months 2; Days 11; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired tin can manfacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: manfacturer

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

13. NAME: Asbury Hartlove.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Emma F Kugler

(Address) 3522 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Oct 21 1935

19. UNDERTAKER: Geo. F. Hartlove

(Address) 1101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1928 to Nov. 18, 1935.

I last saw him alive on Nov. 18, 1935 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arteriosclerosis (generalized) arterial hypertension | 1926 |
| Other contributory causes of importance: thrombosis of femoral artery | 11/14/35 |
| cardiac insufficiency | 11/15/35 |

Name of operation: none Date of: no

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene H Kipp, M. D.

(Address) 3630 Edmondson Ave.

sec.—2-29-28—L. F. S.—500 Bks.

F 17809

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17809

## CERTIFICATE OF DEATH

✓ 59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Brighton St. ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Walker Procter

(a) RESIDENCE NO. 3109 Brighton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Male | White | Married |

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lillian Virginia

DATE OF BIRTH (month, day, and year) Aug 12, 1867

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 68 | 3 | 7 | |

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman Odds

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) England.

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sharpi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Lillian Virginia Procter

(Address) 3109 Brighton St.

Filed ... 19 ... Huntington Williams, Registrar

F 1935

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1935, to Nov 19, 1935,

that I last saw h~~im~~ alive on Nov. 19, 1935

and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis — Myocarditis.

Diabetes.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) O Walter Spurrier M.D.

, 19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

UNDERTAKER Towell & Myers

DATE OF BURIAL Nov 23 1935

ADDRESS 1017 W Cross St

F 17810

17810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addison Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 12 N. Balto. Board St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3/27/1900 ~~1899~~

| 8. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 35 ~~36~~ | 7 | 22 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Helen Jackson.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 11-23-35

19. UNDERTAKER Wm Thomas G. Bayley

(Address) 1421 Jefferson St. Huntington Williams, N.Y.

FILED 21 1935, 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1935.

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1935 to 11/19, 1935.

I last saw him alive on 11/19, 1935 Death is said to have occurred on the date stated above, at 4p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | 4 mo. |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

H. D. P. 1268-9

# 17811 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17811

## CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2907 Grindon Ave St., [illegible] Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose C. Schultz

(a) Residence: No. 2907 Grindon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced WIFE of (or) HUSBAND of late Andrew Schultz

7. DATE OF BIRTH (month, day, year) NOV 17 1869

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 66 | 0 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME August Wickman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Bruck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Schultz
(Address) 2904 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date NOV. 22 1935

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED NOV 21 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 18 1935

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1935 to November 18 1935

I last saw her alive on November 18 1935 Death is said to have occurred on the date stated above, at 6 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Thrombosis | Nov. 16 1935 |
| | |
| | |
| | |
| | over |
| Other contributory causes of importance: | Unknown |
| Endocarditis | " |
| Cholecystitis | |

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Geo. W. Mungovan M. D.

(Address) 401 East 25th Street

M. D. B. 1268-9

17812

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17812

## CERTIFICATE OF DEATH

135

1. PLACE OF DEATH Dr Lewis Hospital

CITY OF BALTIMORE: (No. Fayette St. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Barth

(a) Residence: No. 3716 Northern Park Way Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Barth

7. DATE OF BIRTH (month, day, year) Nov 15 1887

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 48 | 0 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank Leroy

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Elizabeth — —

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Louis Barth

(Address) 3716 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 11/23/35

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St.

20. FILED Nov 21 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 — 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 — 6 1935 to 11 — 20 1935

I last saw her alive on 11 — 20 1935 Death is said to have occurred on the date stated above, at about 11 a.m. noon

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Embolism | ? |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel L. Shaughnessy

(Address) Dr Lewis Hospital

✓ F 17813

M. D. B 1268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17313

## CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH St Agnes Hosp

CITY OF BALTIMORE: (No. ..... St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Krepka Krepka

(a) Residence: No. 1827 Fleet St St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frances Krepka

6. DATE OF BIRTH (month, day, year): July 17 1905

7. AGE: Years 30 | Months 4 | Days 12 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Md

FATHER

13. NAME: Peter Krepka

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Gluska

16. BIRTHPLACE (City or town) (State or country): Poland

17. INFORMANT: Frances Krepka

(Address) 1228 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: Nov 22 1935

19. UNDERTAKER: F. W. Blazewski

(Address) 1930 Eastern Ave

Huntington Mihaeles, Registrar.

20. FILED NOV 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fract Femur — Date of onset .....

Other contributory causes of importance:

Pneumonia Lobular

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury 11-19, 1935

Where did injury occur? Mosher Pier & Wash Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck while walking along

Nature of injury Fract Femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Greeley Hale M. D. Coroner

(Address) .....

M. D. B. 1268-9

F 17814

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17814

## CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 847—W. Lexington St., 18 Ward)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Corbin

(a) Residence: No. 847 - W. Lexington St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10.23.'02

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 33 | — | 26 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic (1086)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Building

10. Date deceased last worked at this occupation (month and year) Sept. 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Gloucester, Va.

FATHER

13. NAME George Corbin

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

MOTHER

15. MAIDEN NAME Delsia Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Daisy Twisdale
(Address) 847 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Gloucester Va. Date 11-23 1935

19. UNDERTAKER Chas G. Cropper
(Address) 31 W. Madison St
Hemmingson Pallbearer, N.C.

20. FILED NOV 21 1935 19... 22 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11.19.35. 19

22. I HEREBY CERTIFY, That I attended deceased from 10.17.35 to 11.19.35 19...

I last saw him alive on 11.18.35 19... Death is said to have occurred on the date stated above, at 4140 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| acute Pneumonic Pthisis | 10.17.35 |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Carr M. D.

(Address) 865 W. Lexington St.

F 17815

D. 17815

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 McCulloh St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Lazzy

(a) Residence: No. 1030 McCulloh St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Unknown |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 65. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Neighbor.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lloyd Date Nov 21 19 25

19. UNDERTAKER Supt. Bureau of Health.
(Address) 311 No. Holliday WOODALL

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 . 1925

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and from (Inquest, Autopsy or Inquiry) found that said deceased came to death on the day stated above, Dec 2-4 1925

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) C. Starr M. D.
Coroner

(Address) 1216 Hanover

21 1355 18 D

17816 F 17816

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Altshul

If U. S. Veteran specify WAR .....

(a) Residence: No. 2112 Lake Ave St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11-19-35

| AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Hugo Altshul

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Gross

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hosp. Records

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Sinai Cem. Date Nov. 21 1935

19. UNDERTAKER Maria Landsman & Son

(Address) 902 Eutaw Place

20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1935, to 11-20, 1935

I last saw h[illegible] alive on 11-20, 1935. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intracranial Hemorrhage | 11-19-35 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R B Jowy M. D.

(Address) Baltimore City Hospitals

M. D. F. 1208-9

✓ F 17817

17817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Pratt

(a) Residence: No. 536 Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | colored | married |

6. If married, widowed, or divorced

HUSBAND of (~~WIFE~~) Mary Pratt

DATE OF BIRTH (month, day, year) December 10, 1882

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 53 | 11 | 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER John R. Pratt

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Ella Lopez

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Pratt

(Address) 536 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 11/23/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1935, to November 19, 1935.

I last saw him alive on November 19, 1935. Death is said to have occurred on the date stated above, at 11 30 A. M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Arteriosclerosis | |
| 2. Hypertension | |
| 3. Chronic nephritis | |
| 4. Chronic myocarditis | |

Other contributory causes of importance:

1. Cardiac decompensation

Name of operation ✓ Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Magauzeller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Sadie Anderson Starke. F 17818

7818

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-7-93-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sadie Starke

(a) Residence: No. 1624 E. Fort St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul Starke

DATE OF BIRTH (month, day, year) 2-15-1877

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 57 | 9 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Andrew Airey
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Mary Belle
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Dulaney Hill Date 11/23/35 19
19. UNDERTAKER Harley F. Stevens
(Address) 1501 E. Fort Ave.
20. FILED 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1935 to 11-20 1935
I last saw her alive on 11-20 1935 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Myocardial Insufficiency | 11-20-35 |
| Other contributory causes of importance: Marked Obesity | ? |

Was an operation performed? No Date of
For what disease or injury? None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr., M. D.
(Address) Balto. City Hosp.

H. D. B 1268-9

F 17819

7819 . HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Nealon

(a) Residence: No. 301 Turnbridge Rd St., ..... Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | White | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Roche

DATE OF BIRTH (month, day, year) May 12, 1888

| AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 47 | 6 | 8 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Canfield

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT William T. Nealon

(Address) 301 Turnbridge Rd

BURIAL, CREMATION, OR REMOVAL

Place Schenectady N. Y. Date Nov. 21, 1935

UNDERTAKER Martin Feby Sons

(Address) 1527 N. North Ave.

FILED ..... 19..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:57 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| Other contributory causes of importance: Hypertension | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Orsin B. Wallace, M. D.
Coroner

(Address) 1031 St. Paul St.

M. D. B 1268-9

F 17820

17820

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Rosalie Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Hood Coson

(a) Residence: No. 3010 Rosalie Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Matthew Coson

6. DATE OF BIRTH (month, day, year) August 15 1865

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 70 | 3 | 5 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

MOTHER FATHER

13. NAME William Hood

14. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

15. MAIDEN NAME Annie Allen

16. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

17. INFORMANT Raymond Coson

(Address) 3013 Rosalie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date 11/28/35

19. UNDERTAKER Geo. Weber & Son

(Address) 2002 Edmondson Ave

20. FILED Nov 30 1935 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

✓ F 17821

17821 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Gilmor St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Smith Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1051 Argyle Ave. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Married |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Smith

DATE OF BIRTH (month, day, year) 12/15/[illegible]

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 11 | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible] 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Middleburg Va

13. NAME Thomas Smith Sr.

14. BIRTHPLACE (city or town) (State or country) Middleburg Va

15. MAIDEN NAME Fannie Jackson

16. BIRTHPLACE (city or town) (State or country) Middleburg Va.

17. INFORMANT Sallie Irving (sister)

(Address) 1051 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Middleburg Va Date 11/22/ 1935

19. UNDERTAKER Charles A. Hemeley

(Address) 578 W. Biddle St.

NOV 21 1935 . 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/10 . 1935 to 11/19 . 1935

I last saw him alive on 11/17 . 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | 11/15/35 |
| | |
| | |
| Other contributory causes of importance: | |
| Senility | 9/1/20 |
| Multiple Neuritis | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert L. Edwards M. D.

(Address) 1116 N. Eutaw Avenue

M. D. B 1268-9

F 17822

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17822

## CERTIFICATE OF DEATH

34-B-114 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E Fairmount Ave 5 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Williams

(a) Residence: No. 1408 E Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Williams

6. DATE OF BIRTH (month, day, year) 1903

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 32 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wilmington N.C.

MOTHER'S FATHER'S

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Edward Williams

(Address) 1408 E Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary

Place Moncalvert Cem. Date Nov. 21, 1935

19. UNDERTAKER Edward Bryce

(Address) 1642 Orleans St.

20. FILED Nov 21 1935, 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by Inquest, Autopsy and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Septic aneurysm Heart | Sept |
| Septic infarcts of Spleen | 1935 |
| Pulmonary abscess | |
| Syphilitic Ulcer Left leg | |

Other contributory causes of importance:

None

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Jorge L. Allen M. D.

(Address) 307 Aisquith St Coroner of Baltimore

17823 ✓ F. 17823

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Southern Hospital Home (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Sadie Demmitt

(a) Residence: No. Southern Hosp Home St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E Demmitt

DATE OF BIRTH (month, day, year) Nov. 1848

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 87 | 0 | 19 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David Shaw

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Patten

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Lillie Lemar
(Address) Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 11/22 1935

19. UNDERTAKER Wm C. Ford & Son
(Address) 1210 E Baltimore St

20. FILED 11-21-1935 Huntington Williams Jr. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1935 to Nov 19 1935

I last saw her alive on Nov. 14 1935 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis. | 11-1-35 |
| | over |

Other contributory causes of importance:

Old age.

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Herbert E Blake, M. D.

(Address) Med Arts Bldg.

M. D. F. 1268-9

17824

F 17824

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 N. Calvert St., 12th Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME May N. Kraft — No War Record

(a) Residence: No. 2840 N. Calvert St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single, Married, Widowed,~~ or Divorced (write the word) |
|---|---|---|
| Female | White | Divorced |

6. If ~~married, widowed, or~~ divorced (or) WIFE of George E. Kraft

7. DATE OF BIRTH (month, day, year) May 28th 1871

| 8. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 64 | 6 | 0 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John R. Edwards

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Frances E. Dolfshie

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Pearl M. Phillips

(Address) 522 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 22nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

20. FILED 1935 Wm F. Phillips, M.D. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Nov 20 1935

I last saw her alive on Nov 19 1935 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | 1934 |

Other contributory causes of importance:

| | |
|---|---|
| Acute Intestinal Obstruction | Nov. 3 |

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolf M. D.

(Address) 1331 E North ave

7825 F 17825

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Virginia Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary R Hutchins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3207 Virginia Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, ~~Married, Widowed or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Single |

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 15th 1873

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 9 | 5 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Wm T. Hutchins

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Rebecca J. Smith

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Daisy Hutchins

(Address) 3207 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 21 1935 Huntington White Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1935, to Nov 20, 1935

I last saw her alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 5th P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes - | 1 Yr |
| Gangrene Right Foot | 8 Da |
| Diabetic Coma | 1 Da |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E C Woods M. D.

(Address) 806 N Fulton Ave.

7826

F 17826

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Seymour

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1017 Stiles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | married. |

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Seymour

7. DATE OF BIRTH (month, day, year) Oct. 3, 1865

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 1 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Rachel Hines

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 21 1935 Undertaker for Williams, No. 8 Mt. Vernon Pl.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935, to Nov. 20, 1935

I last saw him alive on Nov. 20 1935. Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized — Date of onset Unknown

Myocardial insufficiency — Oct 1935

Other contributory causes of importance:

Diverticulitis — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 17827

M. D. B 1268-9

F 17827

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Gilmor St., 16 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Thayer

(a) Residence: No. 602 N. Gilmor St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Stuart Thayer

6. DATE OF BIRTH (month, day, year): Aug. 10 - 1909

7. AGE: Years 46 | Months 3 | Days 9 | If LESS than 1 day, hrs. ..... or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Mackey Va.

MOTHER

13. NAME: Robert Myers

14. BIRTHPLACE (city or town) (State or country): Mackey Va.

15. MAIDEN NAME: Rosa Spence

16. BIRTHPLACE (city or town) (State or country): Mackey Va.

17. INFORMANT: William Myers

(Address): 513 N. Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: Nov 23. 1935

19. UNDERTAKER: Joseph A. Lurkins

(Address): 402 Mount Street

FILED: Dec 2 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 19. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above; held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 3.46 am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suffocation by smoke and flames | |
| Burned to death | |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation. None Date of .....

What test confirmed diagnosis? Inquest or autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/19/1935

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Burned to death

Nature of injury Burned by smoke & flames

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hayes M. D.
Coroner

(Address) 215 Harvey

F 17828

F 17828

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Gilmore St., 16 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa B. Stuart

(a) Residence: No. 602 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 3 - 1853

7. AGE: Years ... Months 1 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Thomas E. Stuart

14. BIRTHPLACE (city or town) (State or country) Mackey Va.

15. MAIDEN NAME Nica Sharp

16. BIRTHPLACE (city or town) (State or country) Mackey Va.

17. INFORMANT Wm J. Myers
(Address) 1513 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Nov 23, 1935

19. UNDERTAKER Joseph A. Luckey
(Address) 4049 W. Baltimore Street

20. FILED ... 19... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Suppose Caused by Heart Clot

Internal Hemorrhage

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation None Date of .....

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? Baltimore City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Burned to death

Nature of injury Severe burns of body and head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Adams, M. D.
Coroner

(Address) 1213 Hanover

F 17829

M. D. B. F 17829

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Granvale & Lindenave 11 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Hawkins

(a) Residence: No. 913 Eutaw St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Widower |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28-18[illegible]

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 74 | 2 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dennisonville Md

MOTHER

13. NAME Thomas Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriett Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rebecca Smith
(Address) 913 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Date 11-22 1935

19. UNDERTAKER Francis A. Hensley
(Address) 528 N Bradd St

20. FILED NOV 22 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | April 35 |
| Other contributory causes of importance: Hypostatic Pneumonia | 1934 |

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 500 Cathedral St

M. D. B. 1268-A

17830

Ehlandt & Meyer

✓ F 17830

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

79-a

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 28 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Ehlandt Autave Meyer

(a) Residence: No. 3700 Ferndale Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl E. Hoff

6. DATE OF BIRTH (month, day, year) Jan 21. 1899

7. AGE 36 Years | Months 10 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Antave E. Meyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma E. Ehlandt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Pearl E. Meyer

(Address) 3700 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/23/35 19

19. UNDERTAKER Thos. Wilson & Son

(Address) 2513 Edmondson Ave

20. FILED ... 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21. 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. Sharp

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis - Cerebral - | |
| | |
| | |
| | |
| | |

Other contributory causes of importance: Right temporal lobe abscess

Was an operation performed? Yes Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) O. Sharp Coroner, M. D.

(Address) 216 Hanover

7831

3307 Jan Ballad

F 17831

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Piedmont Ave 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Sellosberg

(a) Residence: No. 3319 Piedmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year)

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 63 | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Samuel Sablowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Sellosberg

(Address) 3319 Piedmont Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 11/22/35

19. UNDERTAKER Jos. Levi Inc.

(Address) 1439 E. Balto. St

20. FILED [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1935, to 11/21, 1935

I last saw h[illegible] alive on 11/21, 1935. Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | 1931 |
| Other contributory causes of importance: Hypertension | 1931 |

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. Silver, M. D.

(Address) 3703 Garrison Blvd.

Spec.—1-12-36—M&T—500 Blks.

F 17832 ✓ F 17832

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

107-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2825 Simpson ST., 9 WARD)

2-FULL NAME Fannie Johnson Moseley

(a) RESIDENCE NO. 2825 Simpson ST., ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): Dec 26 1895

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 40 | 1895 | 7 | 23 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Whiteville Va

PARENTS

10 NAME OF FATHER: Robert Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Josephine Campbell
(Address): 2825 Simpson st

15 Filed DEC 22 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 19. 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11 - 1935, to Nov. 19, 1935.

that I last saw h alive on Nov. 17, 1935.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

, 19 (Address) 1606 E. Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt Calvary Cemetery | Nov 23 1935 |
| 20 UNDERTAKER: Lottie Gross | ADDRESS: 1408 Ashland ave |

17833 ✓ F 17833

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles George

If U. S. Veteran specify WAR

(a) Residence: No. 21 Potter St Hagerstown, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Single

7. DATE OF BIRTH (month, day, year) Jan 31 1919

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 16 | 16 | 9 | 21 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Penna

13. NAME Charles George

14. BIRTHPLACE (city or town) (State or country) Chambersburg Penna

15. MAIDEN NAME Loella Clark

16. BIRTHPLACE (city or town) (State or country) Shelton Penna

17. INFORMANT Charles George

(Address) 21 Potter St Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rockhill Cemetery 11/25 1935

19. UNDERTAKER C. M. Suter & Sons

(Address) Hagerstown Md

19. FILED 1935 Huntington Pettigrew Reg'd Registrar.

NOV 21 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1/35 19 to 11/22/35 19

I last saw h[illegible] alive on 11/21/35 19 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute oedema of Brain | |
| Bronchopneumonia | |
| | |
| | |
| Other contributory causes of importance: None | |

Was an operation performed? Yes Two Date of 9/13/35 & 11/14/35

For what disease or injury? Cerebral oedema

Name of operation Ventricular Tapping Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Hosea Ebbellaire M. D.

(Address) Univ. Hosp.

✓ F 17834

17834

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Poplar Grove St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Lee,

(a) Residence: No. 1100 Poplar Grove St. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Reamy Lee,

7. DATE OF BIRTH (month, day, year) August 12. 1858

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 3 | 10 9 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md. Dairy

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 8Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Levi Lee,

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

15. MAIDEN NAME Julia Ann Tindell,

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md.

17. INFORMANT Mrs Nora Reamy Lee
(Address) 1100 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date NOV 23 1935

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave

FILED 2 1935 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1935 to Nov 21 1935

I last saw him alive on Nov 21 1935 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia | Nov 16 |
| Other contributory causes of importance: Cerebral Hemorrhage | Study |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. LaRochelle M. D.

(Address) 1120 W. 20th St

✓ F 17835

F 17835 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Homewood Ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James P. Kelly

(a) Residence: No. 1126 Homewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widow |

6. If married, widowed, or divorced: HUSBAND of Ellen Kelly

DATE OF BIRTH (month, day, year) Not Known

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| about | 73 | — | — | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Peter Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Conley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Kelly

(Address) 1126 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Nov. 25 1931

19. UNDERTAKER Feeney Hock & Sons, Inc.

(Address) 1301 E. Eager St

Filed 19 Registrar

21985

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1931 to Nov. 21 1931

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute bronchitis & heart failure due to chronic myocarditis | Nov. 20 |

Other contributory causes of importance: Chronic nephritis, arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

Signed Samuel Silverfield M. D.

(Address) 708 S. Preston St.

Spec.—1-10-21—M&T—1500 Blks.

F 17836

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17836

## CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 S. Paca ST. 42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Concetta Gilardo

(a) RESIDENCE NO. 608 S. Paca St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Salvatore Gilardo

6 DATE OF BIRTH (month, day, and year): 1867.

7 AGE: Years 68 Months dec Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Termini Imerese Italy

PARENTS

10 NAME OF FATHER: Cosimo Cirrintano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Termini Italy

12 MAIDEN NAME OF MOTHER: Domenica Cola

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Termini Italy

14 Informant: Carmela Di Natale

(Address): 608 S Paca st

17 Filed 12 1935, 19 Huntington Williams, Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 19, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1935. to Nov. 19, 1935.

that I last saw her alive on Nov. 19, 1935.

and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Eugene L. Pascasio, M. D.

11/21, 1935 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mont. Cathedral cemetery

DATE OF BURIAL: 11/23 1935

20 UNDERTAKER: Chas B. Kuchaucka

ADDRESS: 697 S. Paca st

F 17837

D. B. 1268-9

17837 HEALTH DEPARTMENT—CITY OF BALTIMORE

# CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 N. Gilmore St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George G. Edwards

(a) Residence: No. 17 N. Gilmore St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Widower |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Edwards

DATE OF BIRTH (month, day, year) March 3 1853

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 82 | 8 | 17 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ecphas Edwards

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Amelia Lowman

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Anna Wood

(Address) 17 N Gilmore st (Sister)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Nov 23 1935

19. UNDERTAKER Chas. S. Black

(Address) 742 W. Franklin Ave Huntington Williams

FILED 22 1935, 19 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1935, to Nov 20, 1935

I last saw h. alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 6-10 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1 Carcinoma of Liver | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard E Beach, M. D.

(Address) 2229 St Paul St

F 17838

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

59

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Orleans St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte E. A. Gladden

(a) Residence: No. 2210 Orleans St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas W. B. Gladden

7. DATE OF BIRTH (month, day, year) July 22, 1863

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 72 | 3. | 28 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chance Maryland

13. NAME Robert P. Jones.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mekroom

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Stella M. Fisher

(Address) 2210 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 23 1935

19. UNDERTAKER John Ullrich

(Address) 200 Belair Ave

I. C. for Nov 23 1935

Registrar

FILED Nov 23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935 to Nov 20, 1935

I last saw h alive on Nov. 19, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mitral Regurgitation | 20. |
| Decompensated | |
| Other contributory causes of importance: Diabetes Mellitus | 1 yr |

Was an operation performed? no Date of

For what disease or injury? no.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Stevens M. D.

(Address) 2818 Hartford Rd

M. D. B. 1268-9

F 17839 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17839

# CERTIFICATE OF DEATH

131

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 446 N Linwood ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Amelia Germeroth

(a) Residence: No. 446 N Linwood ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Gemeroth

7. DATE OF BIRTH (month, day, year) Nov 30 th 1853

| AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 81 | 11 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Godfrey Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hilliary Mooney

(Address) 446 N Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov 24. 19 35

19. UNDERTAKER John Ulrich

(Address) 1200 E Baltimore

20. FILED Nov 23 1935, 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1935 to Nov 20 1935

I last saw her alive on Nov 20 1935 Death is said to have occurred on the date stated above, at 9 P M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — 1 day — Date of onset

Other contributory causes of importance: Myocardial deficiency, Chronic interstitial Nephritis

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? What kind of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B V Keller M. D.

(Address) 1000 E Lombard St

F 17840

7840 **STATE OF MARYLAND—CERTIFICATE OF DEATH**

**1. PLACE OF DEATH** 9 49-B

County ..... Registration Dist. No. .....

Village or City Baltimore No. 1 Bot. Arcent St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

**2. FULL NAME** Columbia J. Hussey if U.S. Veteran Husband in Civil War

(a) Residence: No. 623 East 41 Bot Street St., Ward 9th

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of of the late James L. Hussey

7. DATE OF BIRTH (month, day, and year) June 22, 1848

| AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 87 | 4 | 29 30 | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Missouri (State or country)

13. NAME John L. Randall.

14. BIRTHPLACE (city or town) Cape Girardeau (State or country) Missouri.

15. MAIDEN NAME Missouri Masterson

16. BIRTHPLACE (city or town) Cape Girardeau (State or country) Missouri.

17. INFORMANT Nona Hussey Butler

(Address) 623 East 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Nov 23rd, 1935

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED Nov 25 1935 Herbert L. Mitchell Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Nov. (Month) 21 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935, to Nov. 21, 1935

I last saw her alive on Nov. 21, 1935; death is said to have occurred on the date stated above, at 10:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of vulva with metastasis | April '35 |
| Chronic Myocarditis. | ? |
| Other Contributory Causes of importance: Myocardial failure | Nov 20 '35 |

Name of operation Vulvectomy Date of May 22, 35

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lloyd E. Saylor M. D.

(Address) 3957 York Road

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 17841

F 17841

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Hilda Reeves

(a) Residence: No. 3540 Poole St., .....Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fiorel B. Reeves

DATE OF BIRTH (month, day, year) 2-28-1913

| AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 22 | 8 | 23 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Minnie Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Round Ridge Date Nov 25, 1935

19. UNDERTAKER E. Reynolds & Son
(Address) 361 S. Church St. Huntington, W. Va.

20. FILED NOV 22 1935 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1935 to 11-21, 1935

I last saw her alive on 11-21, 1935 Death is said to have occurred on the date stated above, at 1.40 Pm.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gangrenous Perforated Appendicitis & Generalized Peritonitis | 11-14-35 |
| Other contributory causes of importance: Bronchopneumonia | 11-20-35 |

Was an operation performed? Yes Date of 11-17-35

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy Date of 11-19-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank Wilson M.D.

(Address) Balto. City Hospital

F 17842

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17842

## CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4316 Evans Chapel Road 27 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel C. Wheeley.

(a) Residence: No. 4316 Evans Chapel Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | Widow. |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Wheeley.

DATE OF BIRTH (month, day, year) Oct 10, 1852

| AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 83. | 1 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Henry Wildoson.

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Mary Schuman.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Samuel C. Wheeley.

(Address) 4310 Evans Chapel Road

18. BURIAL, CREMATION, OR REMOVAL

Mayo Hampden Date Nov 22, 1935

19. UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Chestnut Ave

NOV 22 1935

Huntington Williams M.D.
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to Nov 20, 1935

I last saw h-r alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage (Apoplexia) | Nov 15 |
| Other contributory causes of importance: | |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. W. Hodgen Jr. M. D.

(Address) 2602 W. North Ave

F 17843

17843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 S. Clinton St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Helm

If U. S. Veteran specify WAR

(a) Residence: No. 909 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Fred. Helm

DATE OF BIRTH (month, day, year) June 22 1873

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 4 | 29? | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 49 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Phillips

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ida Lemm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Fred. Helm.

(Address) 909 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Nov. 24, 1935

19. UNDERTAKER George W. Zickler

(Address) 1731 E. Eager St.

Huntington Williams, M.D.

Registrar

NOV 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935 to Nov. 20, 1935

I last saw her alive on Nov. 20, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Liver | 4 mos |
| Other contributory causes of importance: | |
| Coma | 4 days |

Was an operation performed? Yes Date of Aug 10/35

For what disease or injury? Carcinoma of Liver

Name of operation Cholecystotomy Date of 8/10/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles L. Miller, M. D.

(Address) 1 W. Saratoga

D. B 1268-9

17844 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 17844

## CERTIFICATE OF DEATH

✓ 207-9.

Registered No.....

1. PLACE OF DEATH Penn. R.R. at Franklintown Rd

CITY OF BALTIMORE: (No.....St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lloyd Hammond

(a) Residence: No. 2736 Prospect St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1, 1887

| AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 48 | 7 | 20 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Peters Cemetery Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

13. NAME Thomas Alexander Hammond

14. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

15. MAIDEN NAME Emma Amelia Wagner

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. T. Alvin Hammond
(Address) 25 Newburg Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 22 1935

19. UNDERTAKER Hoop & Cook
(Address) 1003 W. Baltimore St.

FILED NOV 22 1935 19 A. Augustus Williams Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from
Dec. INQUEST 19..... to ..... 19.....
I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Runover by train Penn. R.R. | Sudden |
| Death caused by being crushed head and body. | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Mangled body Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..... 19.....
Where did injury occur? On Penn. R.R. at Franklin-
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On Railroad track,
Manner of injury Runover by train.
Nature of injury Curshed.

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

17845 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12845

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Bethel St., 6 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Isabel Williams

(a) Residence: No. 413 N. Bethel St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | C | widowed |

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Pinder / John Williams

6. DATE OF BIRTH (month, day, year) 4/15/1868

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 67 | 7 | 3 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Allen Cole

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Boyce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Daisy Eastland (daughter)
(Address) 413 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/23 1935

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St

20. FILED ..... 19..... Registrar.

NOV 22 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1935 to 11-21 1935
I last saw her alive on 11-20 1935 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| aortic Insufficiency | ? |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| mitral Insufficiency | ? |
| chr. Interstitial Nephritis | ? |
| Aort Arterio-sclerosis | ? |
| mitral Insufficiency | |

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Raymond Young M. D.
(Address) 1500 E. Madison St

F 17846

F 17846

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 Warren Ave. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Lawrence

(a) Residence: No. 335 Warren Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Lawrence

DATE OF BIRTH (month, day, year) May 25 1857

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 78 | 5 | 25 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)

13. NAME Augustus Jenkins

14. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)

15. MAIDEN NAME Elizabeth Lark

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mr. Harry Lawrence
(Address) 335 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov 22, 1935

19. UNDERTAKER J. Few McCully
(Address) 130 E. Fort Ave

20. FILED NOV 22 1935, 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Nov. 20, 1935

I last saw her alive on Nov. 19, 1935 Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the uterus with metastisis into the pelvic organs.

Date of onset: Oct. 1 1932

Other contributory causes of importance:

- - - -

Name of operation none Date of - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify - - -

(Signed) Harry Lawrence M. D.
(Address) 1224-1226 Hanover St.

F 17847 F 17847

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ + 131

Registered No.

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60? yrs. mos. 6 ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Hoffman

(a) Residence: No. Reedo Knoll, Catonsville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widowed |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Hoffman

6. DATE OF BIRTH (month, day, year) March 1-1867

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 68 | 8 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James J. McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. Maiden NAME Sarah Agnes [illegible]

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mildred Bunting (Daughter)

(Address) Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date Nov. 23 35

19. UNDERTAKER Richard Fleming

(Address) 807 N. Fulton Ave.

20. FILED NOV 23 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14. 1935 to Nov. 20. 1935

I last saw her alive on Nov. 20. 1935. Death is said to have occurred on the date stated above, at 4 35 p. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive C.V. disease

Auricular fibrillation

Congestive failure

Cerebral hemorrhage

Other contributory causes of importance:

Cancer of Ovaries

| Date of onset |
|---|
| |
| |
| |
| |
| |
| |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Marck M. D.

(Address) St Agnes Hospital

F 17848

F 17848

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

54

1. PLACE OF DEATH President Hospital

CITY OF BALTIMORE: (No. 15 14 Division St. 14 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 406 Virginia Ave. St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Jones

6. DATE OF BIRTH (month, day, year): 1873

7. AGE — Years: 60 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Robert H. Jones Sr.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Sallie Walker

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Amelia Jones

(Address) 406 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem. Date 11-22-, 1935

19. UNDERTAKER: Byron & Mamie W. Wright

(Address) 1218 N. Calhoun St

NOV 22 1935

Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1935, to 11-19, 1935

I last saw h[illegible] alive on 11-14, 1935. Death is said to have occurred on the date stated above, at 11.35 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes mellitus | |
| Diabetic Gangrene of Rt Ft | |
| Diabetic Coma | |

Other contributory causes of importance:

Was an operation performed? Yes Date of 11-13-35

For what disease or injury?

Name of operation Amputation Lt Leg Date of 11-13

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. B. Ferris, M. D.

(Address) Provident Hospital

F 17849

F 17849 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

XV 122-B

1. PLACE OF DEATH Provident Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dennison St., 14th Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Anna Gardner Gooden — If U. S. Veteran specify WAR .....

(a) Residence: No. 4803 Leland Rd St., ..... Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1894

7. AGE: Years 41 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jerry Gooden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Josephine Young

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jerry Gooden

(Address) 4803 Leland Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Johnsons Cem. Date 11-23-1935

19. UNDERTAKER Byron & Marion H. Wright

(Address) 218 N. Eutaw St. Funeral Home

FILED NOV 22 1935 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1935, to 11-20, 1935

I last saw h[illegible] alive on 11-20, 1935. Death is said to have occurred on the date stated above, at 2:10a m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Obstruction | |
| Mal. Nature | |
| Other contributory causes of importance: | |

Was an operation performed? Yes Date of 9-16

For what disease or injury? Intestinal Obstruction

Name of operation Colostomy Date of 9-16

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B Harris, M. D.

(Address) Provident Hospital

M. D. B 1268-9

F 17850

17850 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

## CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 Stockton St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Robinson

(a) Residence: No. 136 Stockton St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Robinson.

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| about 65 or 70. | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queens Co Va.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert Robinson
(Address) Carlton & Son

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 22, 19 35

19. UNDERTAKER Commissioner Smith
(Address)

20. FILED ..... 19 35 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 11.45 a.m.

The principal cause of death and related causes of importance were as follows: Valvular Heart Lesion

| | Date of onset |
|---|---|
| | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? none

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mann, Coroner M. D.

(Address) 1215 Hanover

1878 THE MORSE PRESS

F 17851

M. D. B 1268-9

17851

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Parrish St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Harris Bagnell

(a) Residence: No. 1113 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Mal | Col. | Sngl |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9 1925.

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 14 | 9 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

FATHER

13. NAME William Bagnell Sr.

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

MOTHER

15. MAIDEN NAME Annie Ward

16. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

17. INFORMANT Annie Bagnell mother
(Address) 1113 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Nov 22 1938

19. UNDERTAKER (Incorporated) Baltimore Morgue
(Address)

20. FILED ... 19 ... Registrar.

THE MORGUE

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16. 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above. 2-4 am

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Status epilepticus, | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Haun, M. D. Coroner

(Address) 1215 Hanover

F 17852

17852 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Tuberculosis Division St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James R. Pinkney

(a) Residence: No. 116 S. Bond st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Separated

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ella Pinkney

6. DATE OF BIRTH (month, day, year): Sept. 3, 1888

7. AGE — Years: 47 — Months: 7 — Days: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal yard

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: James Pinkney

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Caroline Greenfie

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov 22 19 35

19. UNDERTAKER
(Address)

FILED 22 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935 to Nov. 17, 1935
I last saw him alive on Nov. 17, 1935. Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | Jan. 1935 |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlan, M. D.

(Address) Baltimore City Hospitals

F 17853

17853

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Shipley 845 Holland St.

(a) Residence: No. Balto. City Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): 11-17-35

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 0 | 0 | 0 | 0 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto., Md.
13. NAME: Ira Shipley
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME: Ada Knight
16. BIRTHPLACE (city or town) (State or country): Va.
17. INFORMANT: Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place: University of Md. Date: Nov 22, 19 35
19. UNDERTAKER
(Address)
20. FILED: Huntington Williams, M.D. Registrar
NOV 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-17, 1935
22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1935 to 11-17, 1935
I last saw h[illegible] alive on 11-17, 1935 Death is said to have occurred on the date stated above, at 2:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 11-17-35 |

Other contributory causes of importance:

Was an operation performed? No Date of —
For what disease or injury? None
Name of operation: None Date of —
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank Wilson M. D.
(Address) Balto. City Hospitals

F 17854

7854 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 34-A-107-a

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Baby Boy Bee

(a) Residence: No. 1512 Fremont St., Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 7, 1935

| AGE | Years | Months | Days | If LESS than 1 day.....hrs. or ...min. |
|---|---|---|---|---|
| | 0 | 0 | 12 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Elliott Lee

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Ouie Bee

16. BIRTHPLACE (city or town) (State or country) Northumberland Virginia

17. INFORMANT (Address) Ouie Bee 1512 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Nov 22, 1935

19. UNDERTAKER (Address)

20. FILED NOV 22 1935 1882

### MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/7/35, 19..., to 11/19/35, 19...

I last saw h[illegible] alive on 11/19/35, 19... Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Syphilis | Birth |
| Other contributory causes of importance: Broncho pneumonia | 11/19/35 |

Was an operation performed? No. Date of.....

For what disease or injury?

Name of operation..... Date of.....

What test confirmed diagnosis? C & B. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Catherine Walker M. D.

(Address) Baltimore City Hospitals

F 17855 F 17855

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

XV 51-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wise If U. S. Veteran specify WAR

(a) Residence: No. Clarksville St., Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Black | married |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

DATE OF BIRTH (month, day, year) 2-17-88

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 47 | 9 | 4 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jesse Wise

14. BIRTHPLACE (city or town) (State or country) Father

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Date 12-24-35

19. UNDERTAKER (Address)

20. FILED 12-24-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935, to Nov 21, 1935.

I last saw h.im alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic carcinoma, | 1935? |
| Severe secondary anemia | 1935? |
| Papillary carcinoma, renal pelvis, left | 1935? |

Other contributory causes of importance:

| | |
|---|---|
| Septicemia - Staphylococcus aureus | Oct. '35 |
| Hydronephrosis, left. | Nov. '35 |

Was an operation performed? yes Date of 8-30-35

For what disease or injury? Papillary Ca. renal pelvis

Name of operation Nephrectomy, left. Date of 8-30-35

What test confirmed diagnosis? Path. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl E. Buhland, M. D.

(Address) J.H.H.

H. D. B 1268-9

F 17856

17856 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 164-a

## CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 E. Pratt St., 3 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Vincent Viacuso

(a) Residence: No. 1433 E. Pratt St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

### PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) unknown

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 45 | | | |

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

10. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Clothing mfg. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riposto Italy

13. NAME Domenico Viacuso

14. BIRTHPLACE (city or town) (State or country) Riposto Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Gregory Trovato 208 S. High St.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Matthew's Date Nov. 22 1935

19. UNDERTAKER (Address) Frank Della Rocca 321 N. Paca St.

20. FILED 1935

Arlington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| asphyxia | |
| Illuminating gas poisoning | |
| Other contributory causes of importance: | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 20, 1935

Where did injury occur? 1433 E. Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury By inhaling gas from stove

Nature of injury Connected to gas stove

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Belnord Ave

F 17857

17857 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 89-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Lee Eichberg

(a) Residence: No. 1807 Ruston Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 11, 1932

| AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 3 | 6 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME OF FATHER Maurice Eichberg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Bertha Moses

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Maurice Eichberg

(Address) 1807 Ruston Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Nov. 24 1935

19. UNDERTAKER Baird Lindheim & Lord

(Address) 902 Eutaw Place

Huntington Williamsport

NOV 22 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/7, 1935, to 11/21, 1935

I last saw h[illegible] alive on 11/21, 1935. Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Streptococcus Septicemia | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? yes Date of 11/8/35

For what disease or injury? Bilat. Mastoiditis

Name of operation Mastoidectomy Date of 11/8/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) H. Janney, M. D.

(Address) Sinai Hosp.

F 17858

17858

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

93-C

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Josephs Hospital ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Henry Litzenburger ( Bro. Joseph C.SS.R)

(Residence in Baltimore: No. St Micheals Church Lombard&Wolfe Sts St.; 60 yrs., mos. ds.)

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: white

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): ngle

6-DATE OF BIRTH, May 28 1858 (Month) (Day), 1858 (Year)

7-AGE, 77 yrs. 5 mos. 22 ds. If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: School Brother

(b) General nature of industry, business, or establishment in which employed (or employer): St Micheals

9-BIRTHPLACE, (State or Country): Germany

10-NAME OF FATHER: unknown

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Rev. John Behr Rector St Micheals Church

(Address) Lombard & Wolfe St

NOV 22 1935 Registered. Registrar.

### CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov 20 1935 (Month) (Day), 191... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) ....yrs....mos....ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(Duration) ....yrs....mos....ds.

(Signed) Paul Schenken M. D. (Coroner.)

Nov. 22, 1935 (Address) 17 E. North Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs....mos....ds. In the State ....yrs....mos....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Holy Redeemer Cemt

DATE OF BURIAL, Nov 23, 1935

20-UNDERTAKER Lilly & Zeiler Inc

ADDRESS 403 So Wolfe

M. D. B. 1268-9

F 17859

7859 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Hunt

(a) Residence: No. 804 South Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widower |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower

7. DATE OF BIRTH (month, day, year) July 31-1897

| 7. AGE | Years | Months | Days | If LESS than 1 day, .... hrs. or .... min. |
|---|---|---|---|---|
| | 38 | 3 | 21 | 20 |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 8 Oct

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME August Hunt

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Catherine Timm

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Henderson aunt
(Address) 804 S. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 25 1935

19. UNDERTAKER Lilly & Zeller Inc
(Address) 423 N. Wolfe st

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 7 1935 to November 21 1935

I last saw him alive on November 21 1935 Death is said to have occurred on the date stated above, at 12° P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Hypertension | |
| 2. Chronic nephritis | |
| 3. Uraemia | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 17860

. D. B. 1268-9

17860 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 5306 Park Heights St., 27 Ward)

ength of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary E. Andrews — No Service

(a) Residence: No. 5306 Park Heights St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas E. Andrews

DATE OF BIRTH (month, day, year) About Dec. 11, 1849

| AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| About 85 | 11 | 10 | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. R. Ryan

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles T. Andrews

(Address) 5306 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/23/35 19

19. UNDERTAKER C. Vernon Lemmon.

(Address) 4611 Park Heights

20. FILED 22 1935, 19 Huntington Williams Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from About last report, 19..., to Nov 21, 1935

I last saw her alive on Nov 20, 19 35 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis,
Senility

Date of onset

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles T. Mills, M. D.

(Address) 5276 Park Heights Ave

17861

F 17861

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Diggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 612 W Fairmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Female

4. Color or Race — Col

5. Single, Married, Widowed, or Divorced (write the word) — Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 14 1935

7. AGE — Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Jam. Diggs

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosie Allen

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rosie Allen

(Address) 612 W Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Place University Ford Date Nov 22, 1935

19. UNDERTAKER .....

(Address) .....

20. FILED 22 1935 Huntington Williams & Co

1883 NPH

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1935 to Nov. 14, 1935

I last saw h[illegible] alive on Nov. 14, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 11-14-35

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hugh B. McNally, M. D.

(Address) Univ. Hosp.

17862

F 17862

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 34-A-159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Smith. Studying

(a) Residence: No. University Hospital St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black. | |

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | | | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... cnd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation. .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Robert Edward Johnson.

14. BIRTHPLACE (city or town) (State or country) Unknown —

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) Davidsonville Md.

17. INFORMANT Jane Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Nov 22 . 1935

19. UNDERTAKER .....

(Address)

20. FILED Nov 22 1935 .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Nov 20 . 1935

I last saw him alive on Nov 20 . 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity (congenital) — Lues. | |

Other contributory causes of importance:

Maternal Lues

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenfeld, M. D.

(Address) University Hospital

M. D. B 1268-9

17863

F 17863 * 18

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Pennsylvania Ave St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Drawer

(a) Residence: No. 1439 Pennsylvania Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Col. | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 60 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT None
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date Nov 22 1935

19. UNDERTAKER Commissioner Health.
(Address)

FILED [illegible] Nov 22 1935 Hunter for Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) C. Hayes Coroner, M. D.

(Address) 1215 Harmony

17864 F 17864

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

125-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Wichiewski

If U. S. Veteran specify WAR

(a) Residence: No. 416 S. Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia

6. DATE OF BIRTH (month, day, year): 2/16/1900

7. AGE: Years 27 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cementer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fisher Body Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Vincent Wisniewski

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Frances Zbrowski

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 25 1935

19. UNDERTAKER: John M. Weber

(Address) 401 S. Chester St

22 1935 Huntington Fillmore Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/21/1935

22. I HEREBY CERTIFY, That I attended deceased from 10/14/1935 to 11/21/1935

I last saw him alive on 11/21/1935 Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Liver abscess? etiology unknown | 9 wks. |
| | |
| | |
| | |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

17865 F 17865

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X V 107a

1. PLACE OF DEATH Mercy Hospital. Registered No.

CITY OF BALTIMORE: (No. Balto. St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Isenaeck.

(a) Residence: No. 814 East E St. Thames Pt., Md Ward. (If non-resident give city or town and State)
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lola Isenaeck.

6. DATE OF BIRTH (month, day, year) May 6 1873

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 62 | 6 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. Foreman Coke Oven

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 6

12. BIRTHPLACE (city or town) (State or country) My Lady's Manor Balto Co Md

FATHER

13. NAME George W. Isenaeck

14. BIRTHPLACE (city or town) (State or country) ~~Eng~~ Forest Air Balto Co Md

MOTHER

15. MAIDEN NAME Mary E Guthrie

16. BIRTHPLACE (city or town) (State or country) My Lady's Manor Balto Co

17. INFORMANT Mrs Mary E Shock. Mother (Address) 814 E 2nd Thames Pt.

18. BURIAL, CREMATION, OR REMOVAL Place Glyn Malama Date Nov 23 1935
Forest Cem, Balto Co Md

19. UNDERTAKER John F Deimy (Address) 715 Light St

20. FILED NOV 23 1935 Thomas [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4th, 1935 to Nov. 19, 1935.

I last saw ~~him~~ alive on Nov. 19, 1935 Death is said to have occurred on the date stated above, at 11 15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic cholecystitis + cholelithiasis & perforation — Date of onset ?

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry S. Kaye M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

17866

F 17866

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82 II

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 McMechen St. Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary D. Tibbs

(a) Residence: No. 547 McMechen St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Tibbs

6. DATE OF BIRTH (month, day, year): Sept 7, 1878

7. AGE: Years: 57 | Months: | Days: | If LESS than 1 day, ..hrs. or ..min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Thornhill

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mitchell Dismond

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary E. Thomas
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 11-23 ..1935

19. UNDERTAKER: Jno. Geo. H. Ellard & Son
(Address): 61 Smith Place

20. FILED: 11-20 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-19 ..1935

22. I HEREBY CERTIFY, that I attended deceased from Nov-11 ..1935 to Nov-19 ..1935

I last saw h.. alive on Nov-19 ..1935 Death is said to have occurred on the date stated above, at 8:10 pm

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Cause Unknown | |

Other contributory causes of importance: —

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. T. Coleman M. D.

(Address) 639 McCulloh

F 17867

17867 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

## CERTIFICATE OF DEATH

✓ 46B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Jackson St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John G. Riley

(a) Residence: No. 1422 Jackson St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Riley

6. DATE OF BIRTH (month, day, year) Sept 25 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 1 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Riley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose McElhugh

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Vera Riley 1422 Jackson Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/25/ 1935

19. UNDERTAKER (Address) John J. Cowan & Son 901 Hollins Street

FILED 1935 Huntington Indiana Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21/ 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934 to Nov 21 1935

I last saw him alive on Nov 20 1935. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | about July/34 |

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm E Miller M. D.

(Address) 1310 Light St.

M. D. B. 1268-9

F 17868

7868

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 427 N. Pulaski St. St., 20 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A. Gracie

(a) Residence: No. 427 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Gracie (nee McKnight)

6. DATE OF BIRTH (month, day, year) Oct. 5, 1883.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 52 | 1 | 15 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Archibald Gracie

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Willison

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Carrie Gracie

(Address) 427 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 23, 1935

19. UNDERTAKER Harry A. Weitzke

(Address) 4101 Hamilton Ave.

20. FILED Nov 23 1935 [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Nov. 20, 1935. I last saw him alive on Nov. 19th, 1935. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic parenchymatous nephritis and myocarditis | ? |
| Other contributory causes of importance: Uremia | 1 day |

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kadrw M. D.

(Address) 2306 Eutaw Place

M. D. F. 1268-2

17869 ✓ F 17869

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

135

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Florence Hepting

(a) Residence: No. 326 S. Parrish Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest C. Hepting

6. DATE OF BIRTH (month, day, year) June 18 91

| 7. AGE Years | Months | Days | If LESS than 1 day... hrs. or ... min. |
|---|---|---|---|
| 44 | 5 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Charles Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Florence E. Carlisle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ernest C. Hepting

(Address) 326 S. Parrish Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/26, 1935

19. UNDERTAKER Harry A. Tuttle

(Address) 1101 Edmondson Ave

20. FILED ... 1935 ... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-19-35, 19... to 11-22-35, 19...

I last saw her alive on 11-22, 1935. Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Failure (post operative) | |

Other contributory causes of importance:

1- Watkins Wertheim Interposition for repair of cystocele 11-22-35

Name of operation ... Date of 11-21-35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Lewin, M. D.

(Address) W. B. G. H.

17870 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17870

# CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Harriet Donaldson

If U. S. Veteran specify WAR .....

(a) Residence: No. West River, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1852

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 83 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Edw Donaldson Jr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett Fenwick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr M L Stout

(Address) 312 Suffolk Rd

18. BURIAL, CREMATION, OR REMOVAL Christ church, West River, Md. Date 11/24 1935

19. UNDERTAKER Stacy H Waters

(Address) 4101 Hamilton Ave Huntington Finance MD

20. FILED 3 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1935 to November 22, 1935

I last saw her alive on November 22, 1935. Death is said to have occurred on the date stated above, at 5.25 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| Generalized Arteriosclerosis | |

Other contributory causes of importance:

Malnutrition

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H M Robinson Jr M. D.

(Address) University Hospital

M. D. F. 1268-9

F 17871

17871

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Chester St., V Ward)

Length of residence in city or town where death occurred 69 yrs. V mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter J. Walstrum

(a) Residence: No. 120 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Lewis Walstrum

6. DATE OF BIRTH (month, day, year) June 8 1866

7. AGE

| Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 69 | V | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B+O-R R

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Walstrum

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Amelia Schreck

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Marion Lewis Walstrum Wife

(Address) 120 S Chester st

18. BURIAL, CREMATION, OR REMOVAL Woodside Ridge cemetery Date Nov 27, 1935

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North Ave

Filed for Williams [illegible]

20. FILED NOV 27 1935 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30 to Nov. 27, 1935

I last saw him alive on Nov. 27, 1935 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. myocardial insufficiency. | ? |
| Chr. Nephritis + Hypertension | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Acute myocardial Dilatation | 11/25/35 |
| | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul E. Dennis M. D.

(Address) 700 E Pratt St

M. D. B 1268-9

✓ F 17872

17872 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1832 Dough St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Felipa Kotkowski

(a) Residence: No. 1832 Dough St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | married |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jadwiga

7. DATE OF BIRTH (month, day, year) May 23 1896

| 8. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 39 | 5 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Coal?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pratt Coffin Rolling & Smelting Co.

10. Date deceased last worked at this occupation (month and year) Jan 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER'S NAME

13. NAME Antoni Kotkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Jadwiga Kotkowski

(Address) 1832 Dough St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Sepulchre Date Nov 26 1935

19. UNDERTAKER F. W. Brazewski

(Address) 1900 Eastern Ave Baltimore Md

FILED Nov 23 1935 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | |

Other contributory causes of importance: Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Wright M. D.

Coroner

(Address) 1015 S. Ellwood Ave

M. D. B. 1268-9

✓ F 17873

17873

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital 25 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby (girl) Harthausen

(a) Residence: No. 1625 Sefton st St. Ward.
(Usual place of abode Monell Park (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | white | infant |

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 22, 1935

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or 25 min. |
|---|---|---|---|---|
| | — | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Frederick J. Harthausen

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Marie Long

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Frederick Harthausen
(Address) Monell Park, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Universal, Md Date Nov 23 19 35

19. UNDERTAKER
(Address)

20. FILED ..... 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 22 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 - 22 , 1935 to 11 - 22 , 1935

I last saw her alive on 11 - 22 , 1935 Death is said to have occurred on the date stated above, at 2.10 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. J. Comey, M. D.

(Address) Vol. Hospital

1935

188.2 M 7

M. H. R. 1268-6

F 17874

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17874

## CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Dillon St. St., 1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMILY J. HANSEN

(a) Residence: No. 2901 Dillon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oliver Hansen

6. DATE OF BIRTH (month, day, year) Oct. 19. 1856

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 79 | 1 | 0 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Oliver

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Gibb

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Isabelle Kendley (Daughter)
(Address) 2901 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov. 23. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED NOV 23 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from May — 33 to Nov 19 1935
I last saw her alive on Nov 18 1935 Death is said to have occurred on the date stated above, at 3.00 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Nephritis | May 1933 |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Oct 15 1933 |

Name of operation — Date of —

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. L. Peck M. D.

(Address) 2211 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

F 17875

F 17875

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

91-a

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Pine St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma Malone

(a) RESIDENCE NO. 223 N. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word) |
|---|---|---|
| Female | Colored | Married |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Malone

6 DATE OF BIRTH (month, day, and year) Jan 7 1907

| 7 AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 28 | 10 | 13 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Henderson N. C

PARENTS

10 NAME OF FATHER Joseph Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Josephine Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant William Malone

(Address) 223 N. Pine St.

15 Filed Nov 23 1935, 19 Hinton Williams M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 22, 1935

17

I HEREBY CERTIFY, That I attended deceased from November 1, 1935, to November 20, 1935

that I last saw h alive on November 20, 1935

and that death occurred, on the date stated above, at 3:30 A.m.

The CAUSE OF DEATH was as follows*: Acute Bacterial Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wood M. D.

Nov 24, 1935 (Address) 861 Hanover St

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Nov 25, 1935

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Edmondson St.

F 17876

F 17876

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-D

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Kenwood ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James L. Lennon

(a) Residence: No. 107 N. Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of Mary M. Lennon

6. DATE OF BIRTH (month, day, year): aug. 24-1873

7. AGE: Years 62; Months 2; Days 29; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Police Dept

10. Date deceased last worked at this occupation (month and year): nov 21-1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balt City

MOTHER FATHER

13. NAME: Patk. Lennon

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Josephine Ackerman

16. BIRTHPLACE (city or town) (State or country): Balt City

17. INFORMANT (Address): Mary M. Lennon 107 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Nov 25, 1935

19. UNDERTAKER (Address): John A Tynan 3000 E. Baltimore

Huntington Williams M.D.

Registrar

23 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/22/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Nov. 22, 1935

I last saw h. alive on Nov. 21, 1935 Death is said to have occurred on the date stated above, at 6-9 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Lessagno M. D.

(Address) 514 Drury Lane

M. D. B 1268-9

✓ F 17877

17877

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

37

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 W. Randall St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hartman (Stouch)

(a) Residence: No. 128 W. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20, 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | | 3 | 1 hr. 45 min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Geo. A. Slouch

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Bessie Hartman

16. BIRTHPLACE (city or town) (State or country) Harford Co, Md.

17. INFORMANT Geo. A. Slouch

(Address) 128 W. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 25, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19... ... Registrar.

NOV 25 1935

1886

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1935 to Nov. 23, 1935

I last saw him alive on Nov. 22, 1935 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Congenital Debility | |
| Other contributory causes of importance: Exhaustion | |

Name of operation None Date of —

What test confirmed diagnosis Clinical Were an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.

11/23/35 (Address) 1644 Hanover St.

M. D. B 1268-9

F 17878

7878

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Sanford Place 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Palmer

(a) Residence: No. 524 Sanford Place St., Ward. Northumberland Va.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary Palmer

6. DATE OF BIRTH (month, day, year) 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 52 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steredene

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a074

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Travis Palmer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia Turner

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Allen

(Address) 524 Sanford Place

18. BURIAL, CREMATION, OR REMOVAL

Place North Thumberland Co Va 11-24 1935

19. UNDERTAKER George F. A. Gibson

(Address) 1735 Druid Hill Ave

20. FILED ..... 19.. ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset 11/21/35

Other contributory causes of importance: Chronic Hypertrophic — 1935

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George F. Allen M. D.
Coroner

(Address) 507 Ensor St.

M. D. B 1268-9

17879

F 17879

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph P. Hannan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2310 Ashland Ave. St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 30 1935

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| | 4 | 23 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William J. Hannan

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Helen M. Schuch

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Helen Hannan

(Address) 2310 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 25, 1935

19. UNDERTAKER Leonard J. Luch

(Address) 2305 Aisquith St.

20. FILED Nov 25 1935 19— Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Patent Foramen Ovale & Heart. | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schuch M. D.

Coroner

(Address) 1919 E. North Ave.

F 17880

16327

17880

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-C-93-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Thompson

(a) Residence: No. 419 N. Franklin St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Divorced |

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/5/90

| 7. AGE Years | Months | Days | If LESS than 1 day ..... hrs. or ..... min. |
|---|---|---|---|
| 45 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Randolph Thompson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Bell Bolden

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 25 1933

19. UNDERTAKER Clarence E. Wright

(Address) 700 N. Carrollton Ave

20. FILED ..... 19..... Registrar.

20 1933

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933 to Nov. 21, 1933

I last saw him alive on Nov. 21, 1933. Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial failure, acute - cause not determined. | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Syphilis, (+ WaR, aortitis) | |
| | |

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? non Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) John B. Grossman, M. D.

(Address) The Johns Hopkins Hospital

F 17881

M. D. P. 1268-9

17881

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. 1748

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Streeper St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ernst

(a) Residence: No. 723 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Ernst

6. DATE OF BIRTH (month, day, year) Dec 6/1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 11 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christopher Kiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Wiener

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Frank Leomayus

(Address) 723 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Woodland Mem Pk Date Nov 25 1935

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 Eastern Ave

20. FILED 1935 [illegible] Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1935

22. I HEREBY CERTIFY, That I attended deceased (from Nov 20 to Nov 22 1935)

I last saw h alive on Nov 21 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | 2 yrs |
| | |
| | |
| | |
| | 6 mos |

Other contributory causes of importance: Chron Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W S Long M. D.

(Address) 6222 York Rd

M. D. 12

F 17882

F 17882

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 S. Durham St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Albert Johnson

U. S. Veteran specify WAR

(a) Residence: No. 11 S. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Aug 9 1910

7. AGE — Years: 25 — Months: 3 — Days: 12 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Walter Limburger Co.

10. Date deceased last worked at this occupation (month and year): Sept 1935

11. Total time (years) spent in this occupation: 0 5 0

12. BIRTHPLACE (city or town) (State or country): Camden Ohio

FATHER

13. NAME: Joshua Johnson

14. BIRTHPLACE (city or town) (State or country): Fayette Ohio

MOTHER

15. MAIDEN NAME: Nettie Wagoner

16. BIRTHPLACE (city or town) (State or country): Fayette Ohio

17. INFORMANT (Address): Mrs Nettie Peterson (Mother) 11 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Maryland Mem Pk Date: 11/25/35

19. UNDERTAKER (Address): Philip Hentz Sons 2016 Orleans St

FILED: NOV 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and from inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | Aug '35 |
| Other contributory causes of importance: Hemorrhage | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 1010 S. Edmondson Ave

F 17883

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17883

## CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Grantley Road St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Porter,

(a) Residence: No. 3401 Grantley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie E. Porter.

6. DATE OF BIRTH (month, day, year) June 7. 1859

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 76 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) About 10 Years ago

11. Total time (years) spent in this occupation 45 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George H. Porter,

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Georgianna Meeks,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Lillie E Porter

(Address) 3401 Grantley Road

18. BURIAL, CREMATION, OR REMOVAL NOV 26 1935

Place Mt Olivet Cem. Date , 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED 19 Registrar.

NOV 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 23 1935

22. I HEREBY CERTIFY, That I attended deceased from November, 1935 to Nov 23, 1935

I last saw h alive on November 22, 1935 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio - Sclerosis | 1930 |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? No Date of

For what disease or injury? No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H G Jones M. D.

(Address) 720 N North Ave

F 17884

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17884

46-B

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St. 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Mary Moore.
(a) Residence: No. 2410 Reisterstown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) 6/24/1862

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 73 | 4 | 29 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME John Tauber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Shaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Nov. 25, 35

19. UNDERTAKER Joseph H. Cook
(Address) 1005 N. Baltimore St.

11-24-1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1/1935 to 11/23/1935

I last saw her alive on 11/23/1935 Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | 2 days. |
| Carcinoma of stomach | 2 yr. |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.
(Address) Balto City Hosp.

F 17885

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17885

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Barclay St., 18th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Selena Irene Keim

(a) Residence: No. 1727 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Keim

6. DATE OF BIRTH (month, day, year) March 3, 1860

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 75 | 8 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Dahl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wilmer Connolly

(Address) Liberty Rd., Rockdale

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem., Date Nov. 26, 1935

19. UNDERTAKER P. H. Cook

(Address) 1503 W. Baltimore St.

20. Filed 19 Registrar

NOV 24 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1935 to Nov. 23rd, 1935

I last saw her alive on Nov. 22nd, 1935. Death is said to have occurred on the date stated above, at 9.10 A. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/22/35 |

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Egbert C. Reiter, M. D.

(Address) 2245 Reisterstown Road

F 17886

F 17886

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 N. Fulton Ave St., 46 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Kattie Lukasky

(a) Residence: No. 2101 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2, 1887

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 48 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Julius Gerstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Julia Lukasky

(Address) 2101 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rondale Date 11/24/35

19. UNDERTAKER Jas. Leo. Inc

(Address) 1459 E. Baltimore St

20. FILED 11/24/35 19.. Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia

| | Date of onset |
|---|---|
| | |

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 215 Hanover

F 17887

F 17887

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 S Bond St., 3 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annina Di Paolo.

(a) Residence: No. 137 S Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Di Paolo

6. DATE OF BIRTH (month, day, year) March 3 1855

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or ... min. |
|---|---|---|---|
| 40 | 7 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Michael Milano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Di Paolo
(Address) 137 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Pres. Cemetery Date Nov. 24, 1935

19. UNDERTAKER Wendell Funeral Dir
(Address) 1405 E Baltimore St

20. FILED ... 19... Registrar.

NOV 24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Nov. 22, 1935.

I last saw her alive on Nov. 22, 1935. Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 1. Lobar Pneumonia | Nov 17/35 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philibert Antognoni M. D.

(Address) 2942 E Fayette St.

F 12888 ✓ F 17888

M.D. B. 4268-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

97-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 Wilkins Ave. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Madaline Kern

(a) Residence: No. 2642 Wilkins Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kern

6. DATE OF BIRTH (month, day, year) July 27 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 71 | 3 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophie Heil

(Address) Milford Mill Road Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 25th 1935

19. UNDERTAKER Charles W. Dill.

(Address) 3109 Frederick Ave.

20. FILED [illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23rd 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Angina Pectoris | |
| Sudden | |

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave.

F 17889

F 17889

M. H. 126-9

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1609 N. Payson St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Misler

(a) Residence: No. 1609 N. Payson St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Eva.

6. DATE OF BIRTH (month, day, year) 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Misler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles M. Misler

(Address) Rayner Heights Md

18. BURIAL, CREMATION, OR REMOVAL Hebrew Aborn Park Date Nov. 24 1935

19. UNDERTAKER Sol Levinson & Bros

(Address) 1012 E. Baltimore St.

20. Filed 11-24-1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1935 to 11/22 1935

I last saw him alive on 11/21 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11/20/35

Other contributory causes of importance:

Chronic myocarditis

Chronic Emphysema

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Kallins M. D.

(Address) 2116 W. Pratt St.

M. D. B. 12-39 F 17890

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17890

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 S. Macon St., 7th Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie L Deems

(a) Residence: No. 410 S. Macon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Deems

6. DATE OF BIRTH (month, day, year) Dec 28rd 1884

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 51 | 50 | 11 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Aarron McStay

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Benjamin Deems
(Address) 410 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Memorial Date Nov 24th 1935

19. UNDERTAKER Leo G. Crook
(Address) 1763 N. Patterson Park Ave

24 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21 19 to 11 22 19 35. I last saw him alive on 11 22 35. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| arthritis deformans | for 44. |

Other contributory causes of importance:

Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) M. D.

(Address)

F 17891 Jakeum ✓ F 17891

F 17891

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

x 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Marie Jakeum

(a) Residence: No. 269 Hazelwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widowed |

6a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 27, 1881

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 54 yrs. | 5 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Tichat

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Anna Wildd

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Nov. 25 1935

19. UNDERTAKER Frederick Leadenston

(Address) 7401 Belair Road

NOV 26 1935

(Signature and title of local registrar)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1935, to Nov. 22, 1935

I last saw h~~er~~ alive on Nov 22 1935 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Post-operative shock | Nov. 21 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |

Was an operation performed? yes Date of Nov. 21, 1935

For what disease or injury? Adenomyoma of Uterus

Name of operation Panhysterectomy Date of Nov. 21

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

F 17892

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

F 17892

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Agnes Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Sellman Hartman

(a) Residence: No. Frederick Road & Paradise Ave. St., Ward Catonsville

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25th, 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, hours or min. |
|---|---|---|---|---|
| | 12 | 2 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME G. Ransom Hartman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Minnie Duff Hartman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT G. Ransom Hartman

(Address) Frederick Rd. & Paradise Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov. 25, 1935

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/21 , 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Appendicitis | |

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/2 , 1935

Where did injury occur? Falls Road near Paradise Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by automobile driven by

Nature of injury Bicycle

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hunter Sheppard Patterson, M. D.

Coroner

(Address)

M. D. P. 1268-9

F 17893

F 17893

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto General Hosp. St., (Ward) 9 or 7

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Louis Grann

(a) Residence: No. 1310 E. Lafayette St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Grann
6. DATE OF BIRTH (month, day, year): 4/9/1858
7. AGE: Years 77 | Months 7 | Days 16 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Watchman 1862
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs M Kotulepp
(Address) 2017 - Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 11-25 19 35

19. UNDERTAKER: Geo. J. Burke Co.
(Address) 1735 Pt. Fund Ave.

20. FILED NOV 26 1935 19 .....
Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 19 35 to Nov 23 19 35

I last saw h. alive on Nov 23, 19 35 Death is said to have occurred on the date stated above, at 11.20 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Generalized Arteriosclerosis | ? |
| Cellulose Arterio-sclerotic Heart Disease | ? |
| Myocarditis | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.

(Address) West Balto General Hosp

F 17894 ✓ F 17894

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

35

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amos Hart

(a) Residence: No. 1729 McCulloh St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1888

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 47 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer (Coal)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME Henry Hart
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Fanny Davidson
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11-25 1935

19. UNDERTAKER Geo. H. A. Lothrop
(Address) 1732 Linden Ave.

20. FILED ..... 19 ..... Registrar

V24 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-14 1935 to 11-21 1935

I last saw him alive on 11-21 1935 Death is said to have occurred on the date stated above, at 4:00 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Urinary Retention due to Urethral Stricture (Post gonococcal) | 11-14-35 |
| Other contributory causes of importance: Uremic Coma | 11-17-35 |

Was an operation performed? yes Date of 11-18-35

For what disease or injury? Acute Urinary Retention

Name of operation? Supra Pubic Cystotomy Date of 11-18-35

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hospitals

F 17895

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17895

## CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2646 Guilford Avenue St., 17 Ward)

Length of residence in city or town where death occurred 67 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Mary C. Stack

If U. S. Veteran specify WAR .....

(a) Residence: No. 2646 Guilford Avenue St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John K. Stack

6. DATE OF BIRTH (month, day, year) ----------

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 67 | --- | --- | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ohd

| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|
| | |

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Coakley

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

MOTHER

15. MAIDEN NAME Agnes Adams

16. BIRTHPLACE (city or town) (State or country) --------- England

17. INFORMANT Joseph A. Stack

(Address) 19 E. 22nd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 11/26 1933

19. UNDERTAKER Henry W. Meyer & Son

(Address) 845 N. Calvert St.

20. FILED Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Nov 23 1933

I last saw her alive on Nov 22 1933. Death is said to have occurred on the date stated above, at 6-45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Metastatic Carcinoma of Pelvis | 6/1/33 |
| Hemorrhage Vaginal | |
| Other contributory causes of importance: | |
| Carcinoma of Cervix - | 12/18/32 |

Was an operation performed? yes Date of Oct 18-1934

For what disease or injury? Ca

Name of operation Vaginal Hysterectomy Date of 10/18/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L Gill Hall, M. D.

(Address) 1631 E North Ave

F 17896 F 17896

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F17896 V 48

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Thames St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Grace M. Setzdal

(a) Residence: No. 1614 Thames St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Earling Setzdal

6. DATE OF BIRTH (month, day, year) Mar 12 1893

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Berryville Va

FATHER

13. NAME James Carlisle

14. BIRTHPLACE (State or country) Berryville Va

MOTHER

15. MAIDEN NAME Mary Cooper

16. BIRTHPLACE (city or town) (State or country) Bluemont Va

17. INFORMANT Mrs Elaine Jarrett

(Address) 1614 Thames St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 26 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

20. FILED NOV 25 1935 Registrar. 161

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933, to Nov. 23 1935

I last saw her alive on Nov. 23 1935 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix uteri with generalized metastasis — Date of onset Dec 1933

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec. 1933.

For what disease or injury? Cone of Cervix

Name of operation Cauterized Date of Dec 1933

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Geo. Gross, M. D.

(Address) 700 E. Pratt

F 17897

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17897

## CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4113 Hayward Ave St.) (Ward) 21

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Moran

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4113 Hayward Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~ |
|---|---|---|
| Male | White | Married |

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Eva C. Moran

6. DATE OF BIRTH (month, day, year) Aug 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 66 | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting & Decorating

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) La Plata Md

FATHER

13. NAME William M. Moran

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME ? Barnes

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Norman F. Moran

(Address) 4505 Liberty Hghts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 26 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED NOV 26 1935 Nov 26 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to Nov 23 1935

I last saw h— alive on Nov 22 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | |

Other contributory causes of importance:

Was an operation performed? Yes Date of —

For what disease or injury? Cancer

Name of operation Laparotomy, City Date of Sept

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Charles J Wells M. D.

(Address) 527 E Park Hghts Ave

F 17898

M. D. R. 1268-9

F 17898

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Augusta Ave. St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie L. O'Connell

(a) Residence: No. 618 Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John J. O'Connell

6. DATE OF BIRTH (month, day, year) Jan. 26, 1866

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 69 | 9 | 27 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Charles Daley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Joseph O'Connell

(Address) 618 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/25/ , 19

19. UNDERTAKER Harry A. Meinke

(Address) 1101 Edmondson Ave.

20. FILED 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-21 , 1935 to 11-23 , 1935

I last saw her alive on 11 , 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia [redacted] Coronary Thrombosis | 11-21-35 |

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wissing , M. D.

(Address) 4000 Edmondson Ave

F 17899

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17899

## CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Wilkens Ave. St. 25 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Florence Dashields.

(a) RESIDENCE NO. 3422 Wilkens Ave. ST., ..... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yr yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| F | White | Widowed |

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Dashields

6 DATE OF BIRTH (month, day, and year) Jan 20, 1868

| 7 AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 6u 67 | 10 | 1 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ellen A. Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Maude Weddel-daughter

(Address) 3422 Wilkens Ave

15 Filed ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 21 19 35

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 35 to Nov 21, 19 35

that I last saw her alive on Nov 21, 19 35

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis (one year)

Chr. int. nephritis (two years)

Pyelitis (eight months)

Psychosis (one week)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Toxaemia (indefinite)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 1, 35 (choleycystectomy)

Was there an autopsy? no

What test confirmed diagnosis? clinical findings.

(Signed) Richard [illegible] Victor G. M. D.

11, 21, 1935 (Address) 2. W. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md Christian Gardens

DATE OF BURIAL 11/25/35

20 UNDERTAKER Harry H. Wright

ADDRESS 4101-Edmondson Ave

FOR A VERY important. See instructions on back of certificate.

F 17900

F 17900 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Moore St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Johnson

(a) Residence: No. 506 Moore St., ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) — — 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boot Black

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Johnson

(Address) 563 Orford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 26 1935

19. UNDERTAKER Adolphus Talbert

(Address) 918 Druid Hill Ave.

20. FILED Nov 25 1935 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19. 1935 to Nov 22, 1935

I last saw him alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

| | Interval between onset and death |
|---|---|
| Bronchopneumonia | 3 days |
| Other contributory causes of importance: Chronic Bronchitis | |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Stein M. D.

(Address) 924 Madison Ave

F 17901

F 17901

F 17901

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Anna Wlodkowski (If U. S. Veteran specify WAR .....)

(a) Residence: No. 2318 Fleet St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | white | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislow

6. DATE OF BIRTH (month, day, year)

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | not known | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Adam Wlodkowski

(Address) 1112 Hull St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 26 1935

19. UNDERTAKER Wm S. Fialkowski

(Address) 2005 Eastern ave

20. FILED ..... 19 ..... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Parenchymatous Nephritis | 6 mo. |

Other contributory causes of importance: Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Wassermann. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F17902 Jeffers. F 17902

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH South Baltimore Gen'l Hosp

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Minnie Jeffries

(a) Residence: No. 1470 Sherman St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Fem'l | white | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Donald Jeffries

6. DATE OF BIRTH (month, day, year) May 20 1893

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 42 | 6 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jacob Mintz

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Ethel Tomary

(Address) 1470 Sherman St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 11/16/35 19

19. UNDERTAKER Chas. J. Stewart & Son

(Address) 1612 Pont St Balto

20. FILED 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1935

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1935 to November 24, 1935

I last saw h[illegible] alive on November 24, 1935 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 11/12

Other contributory causes of importance:

Influenza

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Virginia Dunfee M. D.

(Address) South Baltimore Gen'l Hosp.

M. D. B. 1268-9

F 17903

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17903

## CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Kingston

(a) Residence: No. 117 N Gilmor St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | unknown |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 52 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mercy Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lyon Cem Date 11/20/35 1935

19. UNDERTAKER Chas H Orrick & Son

(Address) 514 N Calhoun St

20. FILED NOV 25 1935 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar Pneumonia | |
| Atrophy of Brain | |

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas B. Wallace M. D. Coroner

(Address) 1031 St. Paul St

M. D. B 1268-9

F 17904

F 17904

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Cloney St., 1Y Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Clagett

If U. S. Veteran specify WAR .....

(a) Residence: No. 823 Cloney St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | Col | Married |

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elsie —

6. DATE OF BIRTH (month, day, year) Oct 15-1897

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 38 | 1 | 4 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME John Clagett

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Emelia Campbell

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Elsie Clagett
(Address) 823 Cloney

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/20/35

19. UNDERTAKER Chas H. Gruber & Co
(Address) 514 N. Calhoun St

20. FILED ..... 19 ..... Registrar.

25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Oedema | Nov 19 1935 |
| | Oct 2 1935 |

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.
Coroner

(Address) 507 Aisquith St

F 17905

F 17905

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apts. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leon Newman

(a) Residence: No. Riviera Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Newman

6. DATE OF BIRTH (month, day, year) May 12, 1869

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 66 | 6 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Benj. Newman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Leliger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Pels.

(Address) Marlborough & Gay Sts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Nov. 25, 1935

19. UNDERTAKER David Londheim & Son

(Address) 1902 Eutaw Place

20. FILED 19 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to Nov. 23, 1935

I last saw h. alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | |
| acute | |
| Cardiac Insuff | |
| Other contributory causes of importance: | |
| acute Coronary thrombosis | |

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Cohen, M. D.

(Address) Marlborough

F 17906

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carey Newton McAfee — If U. S. Veteran specify WAR No

(a) Residence: No. 1326 N. Chester St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE~~: Francis F. McAfee

6. DATE OF BIRTH (month, day, year): Oct 1- 1870

7. AGE: Years 65 | Months 1 | Days 24 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1908
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Jas. McAfee
14. BIRTHPLACE (city or town) (State or country): Baltimore Co,

MOTHER
15. MAIDEN NAME: Kate Cline
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Francis McAfee
(Address) 5227 Linden Height ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Nov. 25, 1935

19. UNDERTAKER: George W. Zickler
(Address) 1737 E. Eager St.

20. FILED ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry found that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows: — Date of onset

Uremia Ureth Canal.

Other contributory causes of importance: Enlarged Prostate gland.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 1033

17907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 17907

## CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 S. Paca. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Steinfurt

If U. S. Veteran specify WAR

(a) Residence: No. 925 S Paca. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Steinfurt.

6. DATE OF BIRTH (month, day, year) Nov. 1st 1866

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 69 | 0 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Downs

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Laura Hartlove

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Margt. Griesdorffer (Address) 706 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL Pl. London Park Date 11-26 1935

19. UNDERTAKER Bernard C. Harle (Address) 1000 S Paca St

FILED NOV 26 1935 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1935 to Nov 23 1935

I last saw h alive on Nov 22 1935 Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetes Mellitus | 1 Year |
| Pneumonia Hypostatic | 2 days |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily Strong M. D.

(Address) 729 Linden Ave.

17908

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17908

## CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N. Paca. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gannon (Brannan.) If U. S. Veteran specify WAR .....

(a) Residence: No. 315 N. Paca. St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: English C. Brannan.

6. DATE OF BIRTH (month, day, year): Not known

7. AGE: Years: About 58 & 6 mo. Months: ..... Days: ..... If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ..... at home.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Christian Eisenhardt

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Barbara Yanus

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: English C. Brannan

(Address): 315 N. Paca St

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Date 11-25 1935

19. UNDERTAKER: Bernard C Hardesty

(Address): 1000 N Paca St

20. FILED: NOV 25 1935 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935 to Nov 23 1935.

I last saw her alive on Nov 22 1935. Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Embolus | Nov 19 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Coronary Artery Disease (2 thrombosis | ? |
| Diabetes — Arteriosclerosis | ? |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) J. Lee Wright M. D.

(Address) 117 W. Saratoga St

M. D. B. 1268-9

F 17909

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17909

## CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1361 N. Carey St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Cooper

(a) Residence: No. 1361 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Colored | Widowed |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Cooper

6. DATE OF BIRTH (month, day, year) Oct 28, 1859?

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 76 | 0 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys County Md

FATHER

13. NAME John W Ryder.

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Caroline Dorsey

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mamie Wood
(Address) 1361 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Gdns Date Nov 26 35

19. UNDERTAKER Thomas Campbell Sons
(Address) 1000 Cathedral St.

20. FILED ... 19 ...
Registrar.

NOV 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1930 to Nov 23, 1935

I last saw h[illegible] alive on November 22, 1935. Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage 3rd attack | 11.25.30 |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: Interstitial Nephritis & Arteriosclerosis | over 1925? |

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] H. Wright M. D.

(Address) 1209 Presstman St.

F 17910

3P 2991
17910

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

34-C-92-a

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Susan Wolhaim — If U. S. Veteran specify WAR .....

(a) Residence: No. 513 Forest St. — Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | Black | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4/21/84

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 51 | 7 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Aquilla Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Priscilla Scott

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11-26-1932

19. UNDERTAKER Geo. H. Holland & Son

(Address) Baltimore Maryland

20. FILED ..... 19 ..... Registrar.

DEC 1 1932

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1932 to Nov. 22, 1932

I last saw her alive on Nov. 22, 1932. Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Syphilis; Syphilitic aortitis; | ? |
| Aortic insufficiency; | |
| Myocardial failure; | Feb 1932 |
| Pulmonary edema, | |
| Other contributory causes of importance: | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edw. E. Cornbrooks, M. D.

(Address) The Johns Hopkins Hospital

F 17911

F 17911

# HEALTH DEPARTMENT—CITY OF BALTIMORE

131

## CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Balto Md

CITY OF BALTIMORE: (No. 1315 Mad. ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Minta D. Coursey

(a) Residence: No. 1315 Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | Col | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Coursey

6. DATE OF BIRTH (month, day, year) uncertain

| 7. AGE | Years | Months | Days | If LESS than 1 day hrs. or min. |
|---|---|---|---|---|
| | 70 | — | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. Frederick Douglass
(Address) 25 Mad. ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11-25-1935

19. UNDERTAKER Geo. H. Holland & Sons
(Address) 1638 Eutaw Place
Huntington 0444

20. FILED NOV 23 1935, 19 B Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16- 1935 to 11-21- 1935, last saw h alive on 11-21- 1935. Death is said to have occurred on the date stated above, at 2:A m.

The principal cause of death and related causes of importance were as follows:

Apoplexy Cerebral. — Date of onset 11/16/35
Hemiplegia
Cardiac failure.

Other contributory causes of importance:
Chron. Nephritis, Senility, Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) M R Boyd Kin M. D.

(Address) 1512 Belmont St.

F 17912

M. D. B. 1268-9

# F 17912 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

92-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Etting St., 14 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hannagan

(a) Residence No. 1710 Etting St., St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Col. | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17 1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 8 | 6 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Rosa Bailey

(Address) 622 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 25 1935

19. UNDERTAKER George S. Kelson

(Address) 1303 Pleasant St

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1936

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Decompensation | |

Other contributory causes of importance:

Pulmonary TB

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Harry Hanauer Coroner M. D.

(Address) 1215 Hanover

M. D. B. 1268-9

F 17913

# F 17913 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 E. Thirtieth St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Ferguson Sr. (Not a War Veteran)

(a) Residence: No. 1727 E. Thirtieth St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of M. Ida Ferguson

6. DATE OF BIRTH (month, day, year) Nov. 16th 1854

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 81 | 0 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine 0031

10. Date deceased last worked at this occupation (month and year) Dec. 1918

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Ferguson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Colley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John H. Ferguson
(Address) 1503 Edmondale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Ashwood Cemetery Date Nov. 26 1935

19. UNDERTAKER Frederick Gaudron Sons
(Address) 2401 Belair Road

20. FILED Nov 25 1935, 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Other contributory causes of importance: | |
| Cardiac Failure | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1912 E. North Ave.

F 17914

F 17914 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

3333 N Charles St.

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) The Charles Apts St., 12th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Frank Simpson Cookman If U. S. Veteran specify WAR NONE.

(a) Residence: No. The Charles Apts St., Ward Millbrook - New York.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hurst Cookman

6. DATE OF BIRTH (month, day, year) Nov-10-1855

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 80 | 0 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman of P. E. Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 53 yrs.

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna.

FATHER

13. NAME Rev Alfred Cookman

14. BIRTHPLACE (city or town) (State or country) Carlisle Penna

MOTHER

15. MAIDEN NAME Annie E. Brunner

16. BIRTHPLACE (city or town) (State or country) Columbia Penna

17. INFORMANT Mrs Mary H. Cookman (wife)
(Address) 3333 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Nov 26 1935

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 W. Monument

FILED 23 1935 Huntington Pollard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1935, to Nov 24th, 1935

I last saw him alive on Nov. 24th, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchitis | Nov 15th |
| Myocardial Insufficiency | Nov. 15th |
| Other contributory causes of importance: | |
| Aging - Senility | 1 year |

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Richard, M. D.

(Address) 300 N. Calvert St

F 17915

F 17915 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

## CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Johnson
If U. S. Veteran specify WAR.....

(a) Residence: No. 2835 Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 8 | — | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Phil Jackson
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Betty
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 25 1935

19. UNDERTAKER Payne Sander
(Address) 1445 E Preston St

20. FILED NOV 25 1935, 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1935 to 11-17, 1935

I last saw him alive on 11-17, 1935. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach with metastases | Unknown |
| Other contributory causes of importance: Bronchopneumonia | 11-16-35 |

Was an operation performed? yes Date of 11-11-35
For what disease or injury Carcinoma of Stomach
Name of operation Exploratory Laparotomy Date of 11-11-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Wilson Jr. M. D.
(Address) Balto. City Hospital

F 17916

# F 17916 HEALTH DEPARTMENT—CITY OF BALTIMORE

148

## CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Mack

(a) Residence: No. 733 Grundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Mack

6. DATE OF BIRTH (month, day, year) April 13, 1900

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 35 | 7 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home (037)

10. Date deceased last worked at this occupation (month and year) November 1935

11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Miller

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 26 1935

19. UNDERTAKER Talley & Zantzinger
(Address) 403 E. Fayette St.

25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from November 15. 1935 to November 23. 1935

I last saw h[illegible] alive on November 23. 1935. Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Embolism | Nov. 23, |
| Phlegmasia Alba dolens | Nov. 4, |

Other contributory causes of importance:

Pregnancy at term with delivery

Was an operation performed? no Date of

For what disease or injury? none

Name of operation none Date of

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Mary Lavinia Newman, M. D.

(Address) Baltimore City Hosp

F 17917

# HEALTH DEPARTMENT—CITY OF BALTIMORE

17917

## CERTIFICATE OF DEATH

35

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR Spanish-American War

2. FULL NAME GEORGE F. WHITAKER.

(a) Residence: No. 1920 LINDEN AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| MALE | WHITE. | MARRIED. |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Lynne

6. DATE OF BIRTH (month, day, year) Dec. 25, 1879

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 55 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME George Whitaker

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Christopher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bessie Lynne Whitaker (Address) 1920 Linden ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Nov 26 1935

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place Washington D.C.

20. FILED ... 19 ... Registrar.

NOV 25 1935

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1935, to 11-23, 1935

I last saw h / M alive on 11-23, 1935. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ARTERIO SCLEROTIC HEART DISEASE. | |
| URETHRAL STRICTURE | |
| Other contributory causes of importance: | |

Was an operation performed? Cystotomy Date of 11-23-35

For what disease or injury? URINARY OBSTRUCTION

Name of operation Cystotomy, Date of 11-23

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Fay M. D.

(Address) University Hospital

Spec.–7-17-26—A Co.—200 Bks.

17918

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17918

49-a

## CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

City of BALTIMORE: (No. ~~Harriet E. Wagner~~ St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. ~~Thomas~~ S. Wagner (Hattie)

(a) RESIDENCE NO. 300 Woodlawn Road St. Ward Roland Park, City.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

| 3 SEX | 4 Color or Race | 5 Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Female | white | Widowed |

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Wagner

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1873.

| 7 AGE | Years | Months | Days | IF LESS than 1 day hrs. or min.. |
|---|---|---|---|---|
| | 62 | 2 | 7 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander Sanner

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anne Virginia Graham

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Mrs. John A. Reinhart

(Address) 300 Woodlawn Road

15 Filed 11 25 1935 16 Huntington Williams Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24 1935

November 24, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to November 24, 1935, that I last saw her alive on November 24, 1935, and that death occurred, on the date stated above, at 4:59 A.m.

The CAUSE OF DEATH* was as follows:

Adenocarcinoma of the right ovary, with metastases.

(duration) about yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Starvation and dehydration (duration) yrs. mos. 20 ds.

18 Where was disease contracted

If not at place of death? at home

Did an operation precede death? Yes Date of July 23, 1935

Was there an autopsy? No

What test confirmed diagnosis? Sections of tumor.

(Signed) Henrie E. Mast, M. D.

11-24, 1935 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | Date of Burial |
|---|---|
| Loudon Park Cemetery | 11/27 1935 |
| 20 UNDERTAKER Henry A. Myers & Son | ADDRESS 5611 Belair Rd |

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

✓ F 17919

F 17919

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

59

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 17 S Fallow St ST.: 3 WARD)

2-FULL NAME Mary Addie Roles

(a) RESIDENCE NO. 17 S. Wallow ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Johnson

6 DATE OF BIRTH (month, day, and year): Sept 12, 1881

| 7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| 49 | 1881 | Sept. | 12 | |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: William H. Roles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Pierce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Neil Kaleb

(Address)

15 Filed 1935 . 19 Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 25th 1935

17 I HEREBY CERTIFY, That I attended deceased from ..... 1930 . to Nov. 25th . 1935 .

that I last saw her alive on ..... 24th . 1935 .

and that death occurred, on the date stated above, at 6.00 A m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jacob L. Ulman, M. D.

11-25, 1935 (Address) 30 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

| 19 PLACE OF BURIAL, CREMATION OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mt. Auburn | Twenty-[illegible] |

20 UNDERTAKER: Theodore L. White ADDRESS 113 S. Wolfe

TION is very important. See instructions on back of certificates.

17920 E 17920

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Schroeder St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran (Civil, Spanish, or World War) specify WAR American War

2. FULL NAME Noble H. Keys

(a) Residence: No. 621 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Louisa Keys.

6. DATE OF BIRTH (month, day, year) 1860

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| about 75 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1086 U.S. Coast Guard Service (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Otho Keys (Son)
(Address) 822 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 11/26/35

19. UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St

20. FILED 19 ... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to Nov 22, 1935.

I last saw him alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Interstitial Nephritis | about 1 yr |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Arterio - Sclerosis | about 2 yr |
| Hyp. Cardiac | |

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) R. L. Young M. D.

(Address) 1424 E. Monument St

M. D. B. 1268-9

F 17921

17921

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2248 Washington Blvd St., 7 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Norman

(a) Residence: No. 2248 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie A. Norman

6. DATE OF BIRTH (month, day, year) 1851

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 84 | - | - | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Grace Norman Step Daughter (Address) Hyattsville Md City

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 11/25 1935

19. UNDERTAKER Edw Foulson (Address) 2307 Wash Blvd

20. FILED ... 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to Nov 23 1935

I last saw h.(E) alive on Nov 23 1935. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | ? |
| Myocarditis | ? |
| Coronary Thrombosis | 11-21-35 |
| Other contributory causes of importance: | |
| Senility | ? |
| Emphysema | ? |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Edward B. Milan M. D.

(Address) 682 Washington Blvd

M. D. B 1268-9

17922 HEALTH DEPARTMENT—CITY OF BALTIMORE F 17922

# CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. 211 E. Hamburg St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Carter.

(a) Residence: No. 21 E. Hamburg St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Married |

6a. If married, (or) WIFE of Edwin Carter.

6. DATE OF BIRTH (month, day, year) February 4, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 70 | 9 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael H. Abey.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary A. Livingston.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Albert E. Abey. (brother)

(Address) 1600 Olive St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Nov 25, 1935

19. UNDERTAKER Fred A. Tramer & Son

(Address) 1216 E. Monument St.

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11.05 p. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis. | |
| Oedema of the Lungs. | |
| | |
| | |

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. H. Steinhardt, M. D.
Coroner

11/25/35 (Address) 1017 E. Charles St.

NOV 26 1935

F 17923 ✓ F 17923

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital ? St., ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Basil

(a) Residence: No. 2813 Fleetwood Ave St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced. (write the word) |
|---|---|---|
| Male | White | Widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Basil

6. DATE OF BIRTH (month, day, year) 9-26-1873

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 1 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labs worker (Oil)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME David Basil

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Small

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov 27 1935

19. UNDERTAKER John Wenick
(Address) 2008 Aisquith St

20. FILED ..... 19 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1935 to 11-24, 1935

I last saw him alive on 11-24, 1935 Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Burns Hypostatic Pneumonia Bronchial Hemorrhage | 10-24-35 |
| Other contributory causes of importance: Uremia | 10-20-35 |

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Wilson Jr. M. D.

(Address) Balto. City Hospitals

17924

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 17924

## CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 E 33rd St., 9 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Chester Shaver

Spanish American Country

(a) Residence: No. 1821 E 33 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae D Shaver

6. DATE OF BIRTH (month, day, year) Aug 1-1882

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 53 | 3 | 22 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bauer Chemical Works

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 6 yr

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Chas H Shaver

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Malicia Chandler

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Mae D Shaver

(Address) 1821 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Nov 26, 1935

19. UNDERTAKER John Ulrich

(Address) 2228 Eutaw

20. FILED ..., 19... Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930 to Nov 23, 1935

I last saw h... alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | |
| Myocarditis | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Decompensation | |

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Claud Brunk, M. D.

11/24/35 (Address) 4706 Harford Rd

F 17925

F 17925

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occured in a hospital oc institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Eades

(a) Residence: No. Annapolis, Maryland St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| female | black | |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug - 35

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 3 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John Eades

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Emma Lemmon

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Anna Eades
(Address) 167 Chestnut st.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Date Nov. 27 1935

19. UNDERTAKER J. B. Johnson
(Address) Annapolis

20. FILED ..... 19..... ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to Nov 24, 1935.
I last saw h.. alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 5:00 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heart Failure | Nov 19 35 |
| (One) | |
| Other contributory causes of importance: Cardiac Hypertrophy. Pneumonia. | |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. B. Hanson Jr. M. D.
(Address) University Hospital

MFR B 17926 ✓ F 17926

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., V Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Bujnowski (Buennowski) If U. S. Veteran specify WAR .....

(a) Residence: No. 803 S. Bond St. St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | Married |

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Monika Bujnowski

6. DATE OF BIRTH (month, day, year) March 7 1881

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 57 | 8 | 18 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1080

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia-Poland

FATHER

13. NAME Joseph Bujnowski

14. BIRTHPLACE (city or town) (State or country) Russia Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Monika Bujnowski
(Address) 803 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 26 1935

19. UNDERTAKER F. W. Brazenski
(Address) 1936 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25 19 35

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fract. second & third degree burns of entire body. | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Pneumonia | |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 9 1935

Where did injury occur? 803 S. Bond St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Flow torch exploded. Was not at work.

Nature of injury 2nd & 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreyer, M. D.
Coroner

(Address) 911 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

17927 F 17927

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 E. Federal St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John D. Johnson

(a) Residence: No. 434 E. Federal St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Colored | Widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna D. Johnson

6. DATE OF BIRTH (month, day, year) Mar. 7 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 70 | 8 | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md

17. INFORMANT Arthur Johnson

(Address) 434 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/27 1935

19. UNDERTAKER Lawrence E. Wright

(Address) 1811 W. Lanvale Ave

20. FILED 25 1935 19.. Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Cardiac Dilatation | |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B. Wallace M. D.

Coroner

(Address) 1031 St Paul St

17928

F 17928

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Olive St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas McLaughlin

If U. S. Veteran specify WAR Spanish

(a) Residence: No. 1421 Olive St., ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Don't Know

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 69 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spanish Amer. War Veteran

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Michael McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Finnerty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Katherine Cadden

(Address) 2701 ~~Gliss~~ Eldham ave

18. BURIAL, CREMATION, OR REMOVAL

Place U.S. National Cem. Date Nov. 27 1935

19. UNDERTAKER Margaret A. Flynn

(Address) 1427 Light

20. FILED 12-2-1935 12 ..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/9/35 19..., to 11/24 1935

I last saw him alive on 11/23 1935 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Stomach | Probably one year |
| Other contributory causes of importance: Myocardial failure | 11/1/35 |

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Isaac Muller M. D.

(Address) 128 N. Charles St

17929 ✓ E 17929

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Winchester St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Samuel Haddaway

If U. S. Veteran specify WAR

(a) Residence: No. 2019 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married. |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose B. Haddaway

6. DATE OF BIRTH (month, day, year) Aug. 20, 1883

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 52 | 3 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10-50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church Home & Inf.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Md.

FATHER

13. NAME John S. Haddaway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary J. Fox

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Rose B. Haddaway

(Address) 2019 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Nov. 25 1935

19. UNDERTAKER Wm. Fletcher Sons North & Paca.

(Address)

20. FILED 19 Registrar.

NOV 25 1935

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/11, 19 35, to 11/22, 19 35

I last saw h[illegible] alive on 11/21, 19 35. Death is said to have occurred on the date stated above, at 8.38 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 11/2 |
| Arteriosclerosis | |
| & Myocarditis | |
| Other contributory causes of importance: | |
| Chronic Nephritis | |
| Arteriosclerosis | |

Was an operation performed? No Date of 0

For what disease or injury? 0

Name of operation 0 Date of 0

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) H. R. Gorman, M. D.

(Address) The Catonsville Press, Md.

OCCUPATION is very important. See instructions on back of certificate.

17930 F 17930

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2242 Guilford Avenue St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lidie E. Long

If U. S. Veteran specify WAR

(a) Residence: No. 2242 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Dec 21st 1864

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 11 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne, Md.

FATHER

13. NAME Edward H. C. Long

14. BIRTHPLACE (city or town) (State or country) Princess Anna, Md.

MOTHER

15. MAIDEN NAME Aurelia N. Roach

16. BIRTHPLACE (city or town) (State or country) Hopewell, Md.

17. INFORMANT Mr. E. W. Long

(Address) Princess Anne, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne, Md. Date Nov 26 1935

19. UNDERTAKER Wm J Tignor & Sons

(Address) Norfolk Va

20. FILED , 19 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to Nov. 22 1935

I last saw h W alive on Nov 17 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency, cerebral thrombosis. — Date of onset

Other contributory causes of importance: Edema of lungs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Walton Winslow, M. D.

(Address) 1900 W. Royal Ter.

ACH

✓ F 17931

17931

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 York Court St., 12 Ward)

Length of residence in city or town where death occurred 76 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward C. Stebb

(a) Residence: No. 7 York Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Childs Stebb

6. DATE OF BIRTH (month, day, year): May 16-1858

7. AGE: Years 77 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 14 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Edward Stebb

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Emma A. Burgee

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Viola M. Muncks 7 York Court

18. BURIAL, CREMATION, OR REMOVAL. Place: St. Marks (Hamilton) Date: Nov. 26 1935

19. UNDERTAKER (Address): Horace M. Burgee 3621 Falls Road

FILED: NOV 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 24- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1935 to Nov 24 1935

I last saw him alive on Nov. 24 1935 Death is said to have occurred on the date stated above, at 12.05 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | Nov. 23. |
| Chronic Myocarditis | ? |

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lloyd E. Taylor M. D.

(Address) 3957 York Rd.

OCCUPATION IS VERY Important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

17932 ✓ F 17932

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH.

93-c

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4700 York Road St. ?? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Miss Ellen Martin

(a) Residence No..... 4700 York Road St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

### PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F.

4-COLOR OR RACE, W.

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) 1859

7-AGE, 76 yrs. ..... mos. ..... ds.

If LESS than 1 day, ....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None.

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Thomas Martin

11-BIRTHPLACE OF FATHER (city or town)..... (State or Country), Ireland.

12-MAIDEN NAME OF MOTHER, Catherine McAndrew

13-BIRTHPLACE OF MOTHER (city or town)..... (State or Country), Ireland

14-(Informant) Thomas L. Martin

(Address) 4700 York Road.

15-Filed ..... 1935 ..... Registrar

### MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) November 24, 1935

17- I HEREBY CERTIFY, That I attended deceased from November 1 1935 to November 24 1935

that I last saw her alive on November 24, 1935

and that death occurred, on the date stated above, at 9 ..... m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

..... (Duration) ..... yrs. ..... mos. 1 ..... ds.

CONTRIBUTORY (Secondary) Hypertrophy Bronchopneumonia over

..... (Duration) 10 yrs. ..... mos. 3 ..... ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis?.....

(Signed) John A. Truman, M. D.

, 19 (Address) 4708 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL, Nov 26 1935

20-UNDERTAKER, John A. Truman — ADDRESS 3000 E. Balto St.

Instructions on back of certificates.

17933 F 17933

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Jefferson St., 7 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Richard Everett

If U. S. Veteran specify WAR N. W.

(a) Residence: No. 2304 Jefferson St., ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M. | W | Widower |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5 - 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 76 | 7 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chair Caning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Mrs Betty England
(Address) 2304 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov. 26, 1935

19. UNDERTAKER Mr. C. Miller Son
(Address) 2334 Jefferson St

20. FILED NOV 25 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 24, 1935

I last saw him alive on Nov 23, 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arterio Sclerosis & Myocarditis | 1 Yr |
| Other contributory causes of importance: Pneumonia Acute | 3 Day |

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Covell M. D.

(Address) 4 E. Fayette St

306365

F 17934

# HEALTH DEPARTMENT—CITY OF BALTIMORE

F 17934

## CERTIFICATE OF DEATH X 46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Vanderberry

If U. S. Veteran specify WAR .....

(a) Residence: No. 219 Maple ave St., ..... Ward. Newport-News Va

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carroll

6. DATE OF BIRTH (month, day, year): 7-17-06

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 29 | 4 | 8 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N Ca

FATHER

13. NAME: Thomas Whitley

14. BIRTHPLACE (city or town) (State or country): N. Car

MOTHER

15. MAIDEN NAME: Dora James

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Pleasant Newport News Va Date: Nov 25 1935

19. UNDERTAKER: Jas C. Zuteb & Son (Address): 1300 Eutaw Place

Baltimore Md

DEC FILED 25 1935 Registrar. R. A. H.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1935, to Nov 25, 1935

I last saw her alive on Nov 25, 1935. Death is said to have occurred on the date stated above, at 445 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma (malignant) cervix with metastases in liver | 6 weeks |

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Gelb M. D.

(Address) Johns Hopkins Hospital

17935 F 17935

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

× 117-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank A. Strubin

If U. S. Veteran specify WAR ..... WW I

(a) Residence: No. 103 Walnut ave Overlea St., ..... Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| m | w | married |

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Inez Strubin

6. DATE OF BIRTH (month, day, year) Dec 3-1886

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 49 | 48 | 11 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME John Strubin

14. BIRTHPLACE (city or town) (State or country) Austrafia

15. MAIDEN NAME Marie Macken

16. BIRTHPLACE (city or town) (State or country) Australia

17. INFORMANT Inez Strubin

(Address) 103 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 27th 1935

19. UNDERTAKER Leo G. Lesnick

(Address) 1703 N. Patterson Park Ave

26. FILED NOV 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1935, to 11-24, 1935

I last saw him alive on 11-24, 1935. Death is said to have occurred on the date stated above, at 12 N. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Broncho Pneumonia | 11/22/35 |
| Gastric Hemorrhage | 11/21/35 |
| Gastric Ulcer | several years |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) L.K. Woodward Jr. M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

17936

F 17936

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Woodington Road St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Hackett

(a) Residence: No. 821 Woodington Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | White | Married |

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah E (nee Gardner)

6. DATE OF BIRTH (month, day, year) March 13 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 64 | 8 | 11 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer for 30 years Veterinary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Hackett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. James E. Hackett

(Address) 821 Woodington Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Pk. Date 11/26, 1935

19. UNDERTAKER Harry A. Wible

(Address) 4101 Edmondson Ave

20. FILED 25 1935 Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to Nov. 24, 1935

I last saw him alive on Nov. 23, 1935. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset Aug 1935

Other contributory causes of importance:

Metastases, generalized

Name of operation Exploratory Laparotomy Date of Oct 12, 1935

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 17937

17937

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W. Baltimore St., 70 Ward)

Length of residence in city or town where death occurred 89 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Garman

(a) Residence: No. 1912 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | white | widower |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Garman

6. DATE OF BIRTH (month, day, year) June 20 1846

| 7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 89 | 5 | 3 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Store 1 W. Pratt St Baltimore

10. Date deceased last worked at this occupation (month and year) Nov 16 1934

11. Total time (years) spent in this occupation 67 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Garrison

14. BIRTHPLACE (city or town) (State or country) unknown unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown unknown

17. INFORMANT Wilton Garman

(Address) 1912 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Gordon Park Cemetery Date Nov 26 1935

19. UNDERTAKER Chas. H. Black

(Address) 142 W. South St

20. FILED ..... 19..... Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Nov 23 1935

I last saw him alive on Nov. 23 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Central Hemorrhage | 11/23/35 |
| Arteriosclerosis | 1930 |
| Chronic Interstitial Nephritis | 1930 |

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hellmuth T. Rosenau M. D.

(Address) 6 East Biddle St

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

F 17938 F 17938

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 E Baltimore Street St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary M. McDonald

(a) Residence: No. 2536 E. Baltimore Street St., ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Female | White | Single |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1873.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 2 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew McDonald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie (McDonald)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT P. J. Tewey

(Address) 2536 E. Baltimore Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 26, 1935

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Ave.

20. FILED ..... 19..... Registrar.

NOV 25 1935

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932 to Nov 23 1935

I last saw her alive on Nov 23 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (a) Cerebral Hemorrhage | 1 day |
| Other contributory causes of importance: Hypertension | 2 yrs |

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. D.

(Address) 1607 E. Baltimore St

M. D. F. 12

F 17939

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. [illegible] E. Lit St. Ward)

Registered No. 93-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME John F. Harris

(a) Residence: No. 742 Vine St St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| Male | Black | Married |

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Lelia Harris

6. DATE OF BIRTH (month, day, year)

| 7. AGE Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| [illegible] | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 11/27, 1935

19. UNDERTAKER Deppen Sanders
(Address) 1413 E. Preston St

20. FILED [illegible], 19[illegible] Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1928, to 11/25, 1935

I last saw him alive on 11-23, 1935. Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis (Chronic) | 10/15/35 |
| Other contributory causes of importance: General Paralysis | 1927? |

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury [illegible], 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. L. Powers, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 17940

M. D. R. 1265-1

F 17940

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Arizona Ave. Ward) 26

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Groger

(a) Residence: No. 4209 Arizona Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | White | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J Groger

6. DATE OF BIRTH (month, day, year) Dec 13 1900

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 34 | 11 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob V Hauk

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena M. Stokeken

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank J Groger

(Address) 4209 Arizona Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cem Date 11/26/35

19. UNDERTAKER Engle & Tarbay Sons

(Address) Fulton & Fayette

20. FILED ....., 19.... Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1932 to Nov 23, 1935

I last saw her alive on Nov 23, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Ch. Interstitial Nephritis | 1932 |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| | |
| | |
| | |

Name of operation None Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J.S. Harding M. D.

(Address) 4010 Belair Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 17941 F 17941

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH X V 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John William Rafferty

If U. S. Veteran specify WAR

(a) Residence: No. Arlington P.O. St., Ward. Baltimore Co.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| M | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Rafferty

6. DATE OF BIRTH (month, day, year) Mar 4, 1902

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 33 | 8 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 9029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. I. Parker Co.

10. Date deceased last worked at this occupation (month and year) 11/11/35

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

FATHER

13. NAME James B. Rafferty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A Mc Gibney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sister Miss Katherine Rafferty
(Address) Black Stone Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Ridge Cem. Date Nov 26 1935

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED 19 Register

## MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Nov 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1935 to Nov 25 1935

I last saw h— alive on Nov 25 1935 Death is said to have occurred on the date stated above, at 5 20 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningococcus meningitis | 11-18-35 |

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Culture of Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweitzer M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. 0 12

F 17942

F 17942

# HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Hamilton

If U. S. Veteran specify WAR

(a) Residence: No. Infirmary Balto City Hospitals St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | white | widowed |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J. Hamilton

6. DATE OF BIRTH (month, day, year) Feb. 14 1857

| 7. AGE Years | Months | Days | If LESS than 1 day.....hrs. or min. |
|---|---|---|---|
| 78 | 9 | 10 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter 0970

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dining room Infirmary Balto City Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME William Hamilton

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Rhinehart

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT John T. Hamilton (Address) Rosebury Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Nov 16 1935

19. UNDERTAKER George W Zickler (Address) 1757 E Eager St

20. FILED Nov 16 1935 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of femur | |

Other contributory causes of importance: Pulmonary oedema & cerebral thrombosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 14, 1935

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Dining room Balto City Hospital Infirmary

Manner of injury fall on floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright, M. D.

Coroner

(Address) 1010 S. Elwood Ave.

F 17943

F 17943 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Ethel Goldstein

(a) Residence: No. 1014 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| F | W | Married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1873

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yedwab

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Goldstein

(Address) 1014 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Henry Rd. Date 11-26- 1935

19. UNDERTAKER Jack Lewis Inc.

(Address) 1434 E. Baltimore St.

FILED 26 1935 19 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 19 to Nov 25 19

I last saw h alive on Nov 25 19 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lung cancer | |
| Cystic Gall Bladder | |
| Sclerosis | |

Other contributory causes of importance:

Dementia

Was an operation performed? Yes Date of 11 25 35

For what disease or injury? Empyema of Gall Bladder

Name of operation Cholecystotomy Date of 11 2 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isadore Wm Hogarth M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 17944

# F 17944 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. LYNDHURST St. ST 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HORATIO HILLIARY LEOPOLD.

(a) Residence: No. 515 N. LYNDHURST St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ SARAH LEOPOLD.

6. DATE OF BIRTH (month, day, year) MAR 24 1870

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 65 | 8 | 1 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GAS & ELEC CO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BRUNSWICK MD.

FATHER

13. NAME THEOPHILUS LEOPOLD.

14. BIRTHPLACE (city or town) (State or country) NOT KNOWN

MOTHER

15. MAIDEN NAME MARTHA RHODES

16. BIRTHPLACE (city or town) (State or country) KNOXVILLE MD.

17. INFORMANT MRS. S. LEOPOLD. (Address) 515 N LYNDHURST ST

18. BURIAL, CREMATION, OR REMOVAL WOODLAWN CEMETERY Date. 11/28/35 19

19. UNDERTAKER Geo H. Lumbrick (Address) 525 N. Lyndhurst St.

20. FILED NOV 28 1935 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 35 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932 19 to Nov 23/35 19

I last saw him alive on Nov 23 19 35. Death is said to have occurred on the date stated above, at 7.00 A.M.

The **principal cause of death** and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uraemia prostatism | 4 yrs. |
| Hypertension | |

Other **contributory causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Spence M. D.

(Address) 3921 Edmondson Ave.

M. D. B 1268-9

F 17945

# F 17945 HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Thomas

(a) Residence: No. 606 Collett St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) |
|---|---|---|
| male | Colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) March 20 1897

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 38 | 8 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brest Fr

FATHER

13. NAME Noble Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Blanche D Yarn

(Address) 606 Collett St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-27 1935

19. UNDERTAKER George H. Kelson

(Address) 1303 Baltimore St

20. FILED 11-25 1935, 19

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hepatic carcinoma | |
| Other contributory causes of importance: | |

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Elwood Ave

OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 21st DAY Sept

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 14451 July 16, 1935 AND

ENDING WITH #F 17945 November 26, 1935 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

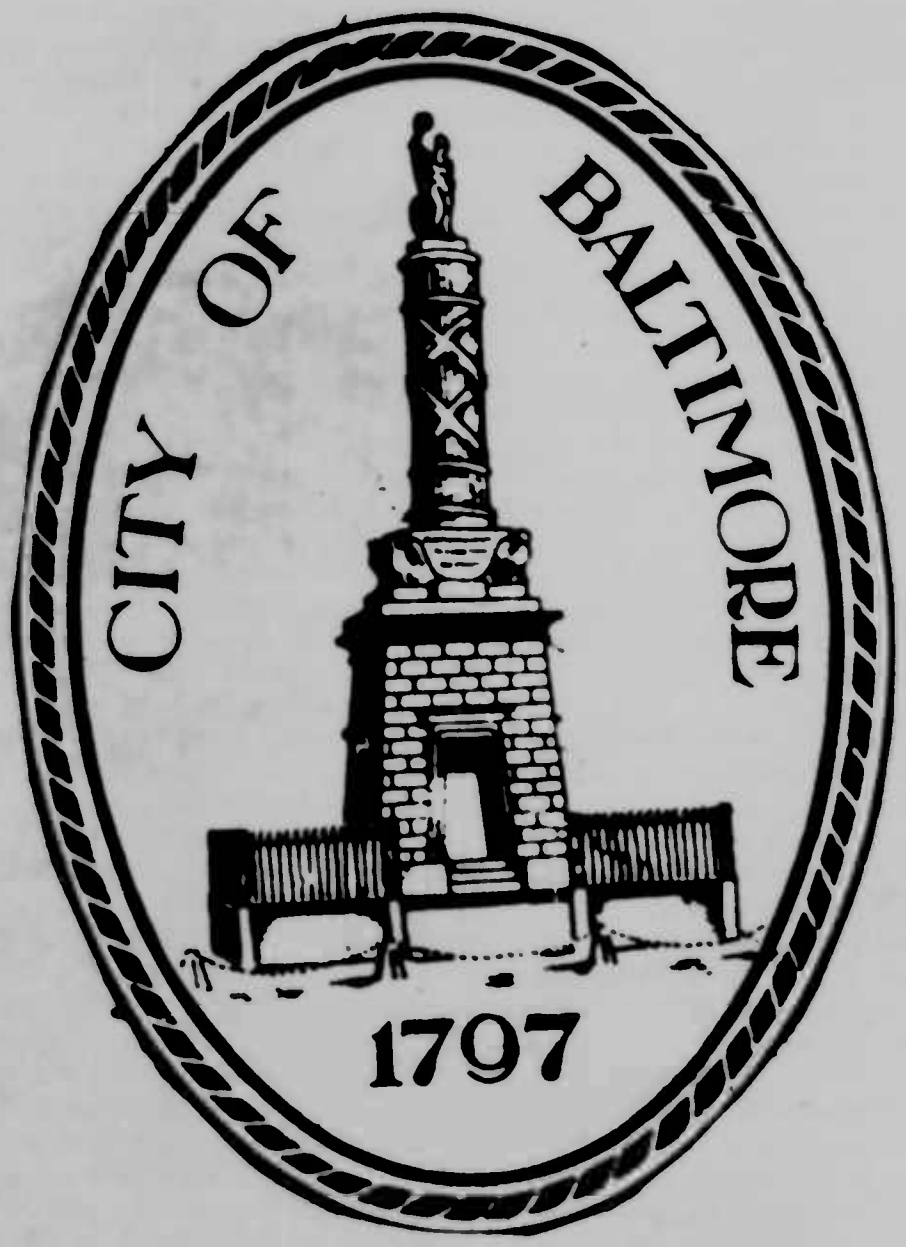
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul




# END OF REEL